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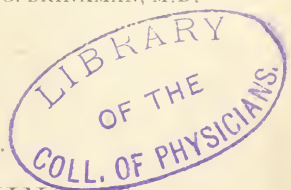
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THE
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Vol. VII.—JANUARY, 1881.—No. 1.

A TYPICAL CASE.

BY

W. P. ARMSTRONG, M. D.

La Fayette, Ind.

Mrs. R., aged 49, widow for eight years, a washerwoman, has been more or less rheumatic, and on two or three occasions has had severe attacks of acute rheumatism. About two years ago, noticing for the first time that she was getting short of breath, with palpitation, especially upon exertion, she consulted a physician, who gave her medicine which seemed to afford her some relief. She also informed me that he told her that she was liable to drop dead at any moment, although the heart then possessed a considerable degree of force, and was beating violently against the anterior chest wall. This charge, however, may be true and may not, for patients sometimes forget, and occasionally we find one who is not strictly honest.

Since that time she has been able

to work moderately at light work until about the first of September of the present year, when she broke down entirely, with great dyspnœa, so that she was not able to lie down at night; violent cough and profuse expectoration, which was thin and more or less frothy. Not long after these urgent symptoms set in, her feet began to swell, and she noticed a peculiar "trembling motion" on the side of the neck, which she thought was hardly natural. During the autumn months she had two physicians of the old school, neither of whom was able to afford her any relief, although one of them visited her a considerable number of times, and gave her a good deal of medicine.

December 3d, at her request, I called to see her and found her suffering intensely with shortness of breath so as to be scarcely able to speak, a few short sentences exhausting her completely. The limbs were considerably enlarged and œdematous throughout their extent, while the

amount of fluid contained in the abdominal cavity was by no means small. She was restless, especially at night, and could only lie down a short time at any time in consequence of the dyspnœa and sense of suffocation. The limbs were perhaps not so large as they would have been, because she had, as she said, rendered the skin hard and unyielding by constant frictions with petroleum shortly after they became swollen. It was better than a roller bandage. The urine was somewhat scanty and highly colored, as is usually the case where arterial tension is diminished. The pulse, counting the intermissions, stood at about 108 to the minute, and was somewhat irregular in rhythm, and very irregular in volume, sometimes almost, at other times quite intermitting. On the neck, on either side, was a very distinctly visible pulsation, which could be seen across the room under favorable conditions, and was of a peculiar character. It began at that point not far from the middle of the clavicle, at which the sub-clavian artery is felt and often seen, and yet it was not that vessel which was throbbing so visibly, for it extended diagonally upward across the sternocleido-mastoid muscle to a point near the angle of the lower jaw. It was not a carotid pulsation, for this would have been visible only near the larynx, and altogether in front of the muscle already mentioned. It was not an artery, for it was so easily compressible that a very slight pressure below was sufficient to cause the pulsation to cease. It was then the external jugular vein, and the pulsation was caused by a backward wave of blood from the right ventricle and auricle with every contraction. This jugular pulsation made it plain that the dropsy arose from extensive engorgement of the entire venous system in consequence of failure of the tricuspid valve.

Upon examining the præcordial region, there was little if anything to be seen, except the evidence of the absence of power. The impulse was only slightly perceptible to the touch when sitting erect or lying upon the back, and but little more so when lying upon the face or left side. It was therefore evident that there was little if any pericardial dropsy, but great cardiac debility. There was emphysema of the lungs, and the results of percussion were not very satisfactory. Auscultation showed the second sound nearly or quite normal, and the valvular element of the first somewhat dulled but partially replaced by a murmur which was soft, systolic in time, and heard loudest at the apex, although audible all over the cardiac region. This was the murmur of mitral regurgitation, which had been already suggested by the irregularity in volume of pulse, as well as by the pulmonary symptoms.

What, then, was the history of this case? First, rheumatism, which had produced a distortion of the mitral valve, with mitral regurgitation, which was now perhaps of many years standing. The left ventricle consequently had more work to do in order to throw the blood forward into the arteries, and dilatation followed, with some degree of hypertrophy as compensation; then this gave way in a purer dilatation, giving rise to palpitation, especially upon exertion, with a sense of suffocation, dyspnœa, and debility. Then the lungs became permanently engorged, with increased dyspnœa, cough and expectoration. This engorgement in turn obstructed the circulation of the right side of the heart, and was followed by right side dilatation, and finally the tri-cuspid gave way, followed by pulsation in the veins, visible especially in the external jugulars, general venous engorgement and

dropsy beginning in the feet and extending upwards.

Considering *Digitalis* indicated, although I doubted not that she had already taken it in massive doses, I prescribed it in the form of *Digitaline* 2x, of which she took one-third of a grain every four hours.

December 10th.—Her daughter reported her much better in every respect, so that she could lie down at night; breathing better, and cough nearly gone. Continued same four times a day.

December 14th.—Called to see her and found her quilting and able to talk nearly as well as ever; limbs somewhat swollen and ascites at least half gone, and very little cough. Upon examination, found pulse somewhat slower and stronger, though still irregular in volume as before, regurgitant murmur louder, cardiac impulse stronger and perceptible as low down as the sixth intercostal space, and rounded outwards far to the left of the nipple line. The increased murmur and force of impulse are doubtless the result of the medicine, having given additional tone to the heart muscle, on the previous examination the impulse having been too feeble to be distinctly outlined.

December 18th.—Still improving; continued same. Although the improvement has been rapid, and has greatly pleased the patient and friends, yet it would certainly be unwise for me to deceive myself and them into the belief that it was going to be permanent. The symptoms will soon return with redoubled violence, and a few weeks at most will end her earthly career.

In this case are two points to which I wish to call especial attention.

The first is jugular pulsation, which I do not mention as anything new or original, but as a symptom which is

worthy of more notice and consideration than it usually receives, as it can in most cases be easily recognized at a glance, and, when present, affords a ready and true explanation of the cause of the accompanying dropsical condition. It may be said to be pathognomonic of tri-cuspid failure and regurgitation, since it never occurs under any other circumstances, unless it be in those very rare instances in which it results from a communication having been established between the jugular and an artery, as the carotid. In the latter case, the course of the pulse wave would be downward instead of upward.

Second, the prognosis. Tri-cuspid failure is absolutely incurable, and when once established, a few months, and often as many weeks, are sufficient to end the scene. It is generally only the last stage of a long course of disease. Such patients do not die suddenly, while yet possessing a good degree of health and strength; their sufferings become more and more intense, until finally they can endure no more, and the feeble degenerated heart ceases to beat. And right here let me say that if the first physician mentioned in the case informed his patient that she was liable to drop dead at any moment, he committed a grave error in more respects than one, for it is not generally those whose hearts beat violently who are in danger of sudden death from any disease of the heart, but those in whom the organ has become debilitated and incapable of violent action.

INFLUENCE OF ALCOHOLIC BATHS
ON THE SKIN.—Dr. S Wassalief

found that, after the skin had been thoroughly rubbed with alcohol, hot baths induce much more profuse perspiration, exceeding sometimes four and five times the amount of water lost, without previous treatment with alcohol. Hence the two processes should always be combined when there is indication for extraction of a considerable quantity of water through the skin. Dr. Wassalief explains the action of alcohol by an irritation of the sensitive and perhaps also of the secretory nerves of the skin, and also by the removal of fat from the surface of the skin and the glandular pores.—*Wratch.*, 1880, No. 13.

FROST BITES.

BY

REV. C. H. VIEHE, M.D.

Freelandville, Ind.

The following is a reliable remedy for old frost-bites: Bathe the part in a strong decoction of white oak leaves dry from the tree or gathered from the ground. As soon as the decoction has cooled enough to be borne by the part, bathe about one-quarter of an hour.

Then apply sauerkraut fresh from the barrel about one inch thick, keeping on by bandage or roller one night, and at the next morning the part will be restored to perfect health.

THE SWATHING BAND.

Frequent inquiries have been made, called forth by an article recently

published in this journal, as to the arguments in favor of the doing away with the swathing band, and in response, we excerpt from Dr. Stokes paper, read before the Medico-Chirurgical Society of Louisville, the following details:

"I shall proceed to give you some of my reasons for positively refusing to allow bandages to be used on new born infants in my practice.

I have never before brought this matter before my brethren in the profession by publishing my views and practice, and perhaps never should, had you not written me upon the subject. But as I am requested to do so it gives me pleasure to comply, and after I have done this, and after you have given the matter serious thought, if you will each of you test it in your practice I feel confident that no member of the society will ever again have a new born babe bandaged, unless it be because of some malformation or external injury.

First.—Bandaging new born infants is notoriously contrary to nature.

Second.—All will readily admit that a bandage is troublesome, inconvenient, offensive and filthy—if not unnecessary.

Third.—The putrifying cord "bundled" up in the old style often-times poisons the child, and leaves an open sore for days, weeks, and sometimes months, before all the applications of "soot, burnt alum, scraped horn, burnt leather," as well as all the ointments, or anything else, will heal it up.

Fourth.—The bandage, as generally applied by the nurse, must, and does to some extent, at least, interfere with abdominal respiration, or the free and full expansion of the base of the lungs.

Fifth.—The bandage where firmly

applied interferes with the circulation of the lower half of the child.

Sixth.—Should the bandage “slip” before the cord is detached from the child it is then pulling against the *tender* parietes of the abdomen.

I am not sufficiently versed in the primitive history of our profession to give you the *originator* of the babe's bandage, but that it has been endorsed by medical men everywhere, from time immemorial to this present day we *all know*, but for what reason we have clung to it with such tenacity I am unable to divine.

My teachers in obstetrics in the Jefferson Medical College of Philadelphia, informed me that all of the new born babes should be bandaged firmly so as to prevent umbilical hernia which was liable to be brought about by crying, and at the same time to give them a *stout* back. These were the two grand reasons given for the positive injunction to apply the bandage in every case. Other reasons were given, such as cleanliness, and to prevent hemorrhage, etc., etc.

During the first years of my obstetric practice the bandage gave me more uneasiness than anything else connected with child-birth. I was called upon generally to give directions how to apply the bandage, and dress the cord; and oftentimes went home my mind well stocked with the most serious forebodings of a “pouched out” navel or a weak and crooked back, and all for the reasons that I feared the bandage might not have been placed just right, or, perhaps it had not been applied sufficiently firm to prevent these maladies. I will now take up the subject of umbilical hernia in infantile life, as connected with bandaging, and will attempt to state what I believe to be the existing cause in almost every case that has come under my observation.

In the first place, I will remark that

such an occurrence as umbilical hernia, I have not known in my practice since I ceased bandaging new born babes, and, in fact, I take the position that the very means resorted to by the profession to prevent hernia is the evident cause of its production.

In the sixth objection that I have to bandaging children, you will there discover, I think, the cause of every infantile umbilical hernia. I have seen numbers of children with hernia of the umbilicus, and have been applied to for suggestions as to how it was to be remedied, and invariably each one had worn the time-honored bandage, and surely this discrepancy could not exist did not bandaging play a very important part in producing the trouble. Some will ask perhaps how, it is brought about by a bandage. Any considerable movement of the bandage, up or down, right or left, or a forward movement, if it should by any means occur before the cord is detached from the child, it is pulling against the child's belly, and very liable to rupture, or partially rupture, the tender parietes of the abdomen, and we have hernia as the result.

Again, this cord “doubled up” in a “rag,” forming a solid “lump;” then the bandage comes over all this, and the strength of the old lady is brought into play, to firmly apply the bandage; in doing this, this great “lump” of cord and cloth is driven down upon the child's belly, and held there for several days, until the parietes of the child's abdomen are weakened from the positive pressure, and finally gives way, separates, and we have hernia. Let us suppose that I have a child six months, or one six years old, and select a substance of any kind, similar in firmness and size to the “lump” spoken of, made by doubling up the cord in cloths, as in common, and apply it over the navel

of such a child, then apply a bandage over it, with firmness, and let it remain for several days. Who, or where is the man in our profession, I ask, that would endorse such a procedure? Not one, of course; but each and every one would condemn it as outrageous and I doubt not but results would be liable to follow that might give good "grounds" for a malpractice suit. And yet the medical world continue to endorse the application of this same bundle, so far as effects are concerned, directly over the navels of all new born babes.

ON DIARRHŒA.

BY

S. H. BLAKE, M.D.

Castor Oil, Rhubarb, and such like drugs are applied not infrequently in ordinary practice to intestinal irritations without diarrhœa, or with an impending or already commenced diarrhœa, with the alleged view of clearing the *Primæ Viæ*, and thus removing the cause and curing the diarrhœa. If this be actually what is done the procedure would be reasonable enough if we are to be guided by the principle that "prevention is better than cure," and this would accord with Hahnemann's own view, that where poisonous matter lies in the alimentary canal it should be removed speedily by a purgative or an emetic; but that this can very rarely be required is obvious from the fact that nature has in so many instances already quickly removed the causes that can be so removed by purging before we are called in to treat the case, leaving us only the irritation and diarrhœa

to cure by homœopathically acting drugs. The effects of a chill stand in the same category as regards the application of *similia* provided flannel be placed over the abdomen at night, or other causes of the chill be removed; whilst, should excessive heat play a part in the causation, and we are not able by artificial means to lower the temperature, and regulate it at the same time, our homœopathically acting medicine is continually at war with the effects of this continuing cause, and in this case I would venture to submit that we should use a lower dilution of the indicated medicine, other things being equal.

As to Opium, the great restrainer of diarrhœa, (as a mere symptom), it is difficult for one to see how it can be in any way homœopathic to diarrhœa in the great majority of cases, yet it seems to be so in some exceptional and conditional forms of that disease. No amount of special pleading can be made to bolster up a remedy of this sort as acting homœopathically under ordinary conditions.

It is noteworthy that diarrhœa, and especially dysenteric forms of it, are only masked for a time by Opium, and the worse the symptoms are the more so is this result of the treatment. In a few days, and often as soon as the opium has been omitted, if only for a day, the liquid evacuations commence afresh, and as freely as ever; especially is this so if the case be a recent one, or a severe dysentery attended by the signs of bowel ulcerations. After Lead and Opium combined have been administered we meet with the same results. It is not until Nitrate of silver, Arsenic, Mercury, Charcoal, Nitrate of potash, and such-like remedies have been exhibited that anything like a satisfactory amendment begins to take place. Any one can observe similar results for himself in any hospital or dispensary in the

country, and it is a wonder that such results have not opened the eyes of the whole profession to the truth, but the physiological effects of the drugs are very binding and misleading to the mind unacquainted with the dealings of homœopathy in more senses than one. We might say of some of the drugs still in common use for diarrhœa, what a physician of our acquaintance, said in reference to Chloral hydrate when asked for information as to its value in sleeplessness—viz., “I know nothing about it, but you may throw it out of the window.”

Nevertheless Chloral once saved a consultation in a severe case of Asthmatic bronchitis with great excitement and hysterical delirium at night, and of course sleeplessness—a train of symptoms not very unlike those produced by Chloral hydrate when taken for a long time. This is a possibly homœopathic action of the drug. I have known twenty drops of Laudanum produce free purgation in the obstinate constipation induced during a prolonged gonorrhœa in a young man about twenty years of age. Opium tinct. in drop doses, assisted by quarter grain-doses of Acetate of lead in alternation, also freely opened the bowels and cured the retention of urine in twenty-four hours (both previously complete) which had been induced by amputation of piles, and had lasted for a week unrelieved. Opium sometimes causes retention of urine. It may do so conditionally when given in considerable doses during other diseases, as in fever. Its retention is associated with symptoms referable to the fundus vesicæ, and I would even venture to suggest that the further condition leading up to this is the obstinate constipation so often present in fevers, and its aggravation by the Opium, and hence the indirect production of the paralyzed state of the fundus of the bladder;

add to these symptoms scanty urine, and the difficulty caused by Opium is very readily understood. I have observed this state of affairs take place in a bad case of Rheumatic Fever where Opium had been given for sleeplessness.

One of the few instances of diarrhœa which Opium appears to check under the earlier system of medicine is that of elderly persons of a relaxed habit of body, which it sometimes seems to effectually put a stop to without any manifest evil after-effects; and the diarrhœa once restrained, the patient recovers with very great relief, a frequent urging and straining with small evacuation—or with involuntary small stools is the symptom. Is there, under such circumstances, a better remedy? Is such action homœopathic? The only symptoms to which one can imagine Opium to be properly and completely homœopathic are those of a double condition, one of primary constipation, secondary diarrhœa, as of intestinal obstruction (or ileus) attended by diarrhœa (found in rare cases) or of retained stool, hard round stools, hard lumps, accumulated stools, attended by an ineffectual diarrhœa, the retained stools or obstruction remaining behind and unpassed, being in relation to diarrhœa as cause to effect. It is thus seen that the diarrhœa to be cured by Opium is a purely conditional one, a later symptom, and that its cause, the retained stool or obstructed bowel, is really the thing removable by Opium. To this end and purpose the dose of Opium may be made appropriate—viz., a small quantity will be sufficient to cure the obstruction or constipation, and so set free the cause of diarrhœa, which dose of itself might be quite insufficient to physiologically and at once check a diarrhœa of this kind. We here again see how unnecessary it is, as a rule, to employ a

drug in such a large quantity as to ensure our obtaining its double action. In fact, this might actually defeat the object we have in view, and prevent the exit of the retained *fæces* which should follow the diarrhœa when the obstruction has been removed by the Opium.

In the warm weather, when fruits are abundant, we have so grand a remedy in *Veratrum Album* for the summer complaint that we may be apt at times to be tempted to put it in force once too often—to put it in the first rank when it should stand in the second. I refer especially to those cases of purging and cramping pains in the upper abdomen. Indeed, in these cases the majority of the symptoms may yield to *Verat.-Alb.*, particularly the purging and pains. Nevertheless, because this drug may not stand in the first rank as regards the case to be treated, the totality may fail to give way to the symptoms; urgent symptoms, diarrhœa and cramping pain, return again, although completely suspended for a time.

It is good to remember that *Veratrum Alb.* produces vomiting and purging at the same time, and that diarrhœa with frequent stools and cramping pain is the almost uniform result of its toxicology. But bearing in mind, at the same time, that *Verat.-Alb.* produces also constipation (conditionally or exceptionally?), and cures constipation in some peculiar and exceptional cases of disease, one may perhaps be tempted to put this drug in force in a case of summer complaint where there are gripes actually attended by constipation, following, it may be, diarrhœa in the first instance. This might be to commit a great mistake—not indeed necessarily a fatal mistake, for even yet it might palliate. We might forget that *Bryonia* is characterized by alter-

nation of diarrhœa and constipation, and herein lies the course and progress of the symptoms. Such does not belong to *Verat.-Album*. The main result of this drug is purging. So is it also with *Arsenic* and *Colocynth*, and I have observed that where a case of severe griping is attended by no evacuations, *Colocynth* given in the third decimal alternation has only aggravated the case by bringing on a pain after each dose, yet without relief to the temporary constipation, nor even eventually to the pain in the bowels, showing it to be probably inappropriate, and I would venture to suggest that this is because in the main the primary acute symptoms of *Colocynth* are “gripes with diarrhœa,” and not gripes with bound bowels.

Hyoscyamus, rarely fails to relieve at once the violent cramps and spasms of summer diarrhœa, also of gastritis and of gastro-enteritis, with the violent cramping spasms sometimes called cholera, but which is much more common in hot climates, from the chilling air of the cool night which follows the burning day.

But it generally fails to arrest the entire disease; where there is either diarrhœa or constipation present of a different kind from that caused by the drug, it very naturally fails to cure. As an illustration of these remarks I will refer to a case treated. An elderly woman of seventy-four, a very thin person of strong constitution, but subject to somewhat confined bowels and a so-called inactive liver and occasional bilious attacks, came under my care for summer diarrhœa. Frequent purging and cramping pain; causing her to hold the two sides of the abdomen and press the hand for relief over each side of the stomach. The tongue was coated yellowish brown, stool frequent, day and especially at night; abdomen somewhat

distended, and considerably troubled with rumbling of wind and accumulation of same; soreness and tenderness; the stools more or less bilious; patient lies flat on back, would like to lie on either side, but cannot, it hurts her (*Bryonia*?).

Veratrum Album was given, and checked the diarrhœa and pains for twenty-four hours, a great relief. Still she was not well, tongue remaining unclean, more wind rumbling, and symptoms as of obstruction in bowels remained. Constipation was now the condition for a day, but eventually the diarrhœa and pains returned. *Colocynth B* was given; each pill was followed by an aggravation of the pain. Evidently neither of these medicines was really suitable. *Hyoscyamus* was given and completely relieved the spasmodic pains, but failed to relieve the bowels, which still remained confined, and after the pains had ceased under *Hyoscyamus*, a painful rumbling and sensations as from accumulation of flatus about epigastrium all the time; yet the appetite kept good, she was hungry, wanted to eat, yet dared not, feeling it would make her worse. Next day more pains fled into the posterior and lower chest walls and into both mamæ. *Bryonia* *rx* was then given. This medicine, true to its characteristics, removed all the complaint, and the patient got up and walked about, and twelve hours after it had been commenced she felt quite well. In such cases a certain amount of mucocenteritis may be superadded to flatulent obstruction and constipation, or to diarrhœa if present. Here then, are the distinguishing differences between the pathogenesis of *Bryonia* and *Veratrum Album*:

With *Bryonia Alba*, "Fulness as with wind, with cutting, stitching, griping pains, painful to touch and worse from motion, with rumbling

and gurgling, with bilious diarrhœa and stools following, and relieving for a time the cutting pains, or there is constipation, and further, there is alternation of diarrhœa and constipation.

With *Verat Alb.* there is vomiting, a very prominent symptom, distinctly gastric catarrh, not merely from intestinal constipation or obstruction, and flatus as with *Bryonia*, but with diarrhœa in addition. There is vomiting with diarrhœa, and there is cramping pain with this diarrhœa; nocturnal, too, like *Bryonia*. But the constipation of *Veratrum* comes afterwards, and in a continuous form, or chronic constipation. How different a picture is this from that of *Byronia*! If *Bryonia* had been used in the first instance in the case cited, how much more speedy might have been the cure! One word in favor of *Hyoscyamus*. It relieved the spasmodic pains, true to its characteristic action where the symptom is present, a feeling as if the abdomen were very full, with cuttings and tenderness, yet the patient presses the fists into the sides (abdomen) to get relief from the pain; these symptoms were present in the case referred to, and the *Henbane* removed them, yet this drug failed to cure the case, and under its use the patient did not rise from the bed and get well again until the *Bryonia* had been given her.

NOTES FROM DR. HUGHES' WORK.

The cure of ganglia by *Acidum Benzoicum* 12 and 30 is an important contribution, for it proves the efficacy of dilutions and the amenability of surgical complaints to real homœopathic treatment. What with *Arnica*,

Silicea, Sticta Pulmonaria, and Natrum Muriat., we are now pretty well set up in the therapeutics of ganglia.

He touches upon the Hæmorrhoidal Diathesis "of the older authors." We have heard many remarks on it from still living teachers, and it is freely recognized in Central Europe, and whether recognized or not in this country, probably five per cent. of our chronic patients suffer from it. We are now referring to the article on *Æsculus Hippocastanum*, which remedy we have indeed found a grand anti-hæmorrhoidal remedy; with constipation mostly. We think him right in not casting *Æthusa Cynapium* overboard.

Treating the subject of *Arnica*, we note that Dr. Hughes sides with Hering in condemning the flowers because of the "*Arnica insect.*" Following comes an elaborate account of *Arsenicum*, "the greatest of medicines because the greatest of poisons." A better *expose* of the qualities, pathogenetic and therapeutic, exists nowhere.

A propos of *Aurum*, p. 269, we must still adhere to the expressed opinion that *Aurum* has a powerful action upon the encephalon.

Of *Berberis Vulgaris* Dr. Hughes concludes thus: "*Berberin* has also been credited with anti-periodic properties, but recent trials have resulted negatively." We must seriously demur to this statement; beyond question, *Berberis* has oft-times cured genuine intermittents.

The use of *Bovista* in asphyxia, and its effects on the head, are duly noted. Its use, on the recommendation of Drs. Frédault and Guérin-Méneville, in eczema of the back of the hands, known as bakers' and grocers' itch, may be worth remembering, as eczema is not exactly easily cured.

The article on *Chelidonium Majus*

is good, and the writer has the courage to admit that the doctrine of signatures first led to its use as a hepatic. He very rightly characterizes the locus of the *Chelidonium*—pneumonia. This has stood us in good service three or four times, where, without it, we should have been in a difficulty. He does not mention its use in cataract: nevertheless there is a form of cataract which *Chelidonium* cures.

Cundurango is well treated of, but the cure of a hard tumor of the breast, with a concomitant crack in the corner of the mouth, and which was narrated in the *Homœopathic World* some time since, is not noticed, although it is almost the only individualized case in the whole clinical history of the drug.

LOBAR PNEUMONIA.

BY

SOPHIA PENFIELD, M. D.,

Danbury, Conn.

The remedies most frequently indicated are:

First Stage.—1. *Acon.*, *Bel.*, *Iod.*, *Kali bichrom.*, and *Verat. vir.*

(2.) *Arn.*, *Cact. g.*, *Ferr. phos.*, *Lachnant.*, and *Ranun. bulb.* (*Silicea*).

If complicated with lobular pneumonia or plurisy, *Bry.*, *Puls.*

If with brain symptoms, there are indicated, *Bell.*, *Gels.*, *Hyos.*, *Op.*, *Cann.*, *Glon.*

If with hepatic symptoms, *Chel.*

Second Stage.—(1.) *Brom.*, *Lycop.*, *Samb.*, *Sil.*, *Spong.*, and *Sulph.*

(2.) *Kali iod.*, *Mosch.*, *Myrt. c.*, *Nat. sulph.*, and *Sarg.*

If complicated with lobular pneu-

monia, Merc., Phos., Spong., Tart. emet., Cup., Nux v.

Third Stage.—(1.) Ars. Carb. veg., Chin., Lach., Rhus tox., Verat. alb.

(2.) Hep. sulph., Kreos., Sang.

Rhus is often beneficial in this stage, when complicated with catarrhal pneumonia.—*Trans. Am. Inst.*

A CASE OF HYSTERICAL DELUSION.

BY

N. A. PENNOYER, M.D.,

Kenosha, Wis.

Mrs. A. C., aged thirty-five years, came as a house patient August 26th, 1872, and presented the following symptoms: She had been married fifteen months, and was first taken eight months ago, with sickness at the stomach after drinking coffee. She had cold sweat on head and hot flashes; was despondent about her health, and had fears that some one was going to poison or murder her; was afraid of her husband, and thought when first attacked that he had poisoned her coffee; has dizziness in top of head; much pain in back of head, and pain all through face; worse in morning; head feels heavy, and has loss of memory; tongue coated yellowish, has bad taste at night; much thirst; an indescribable bad feeling in the stomach; chills, commencing in pit of stomach; bowels irregular, loose and constipated by turns, stools containing ingesta; menses regular, proper quantity, and continue three days; pain in back, abdomen, and limbs at time of flow; leucorrhœa profuse, milky, has been yellowish, worse before menses; griping pain in either groin; bearing down pains, worse be-

fore menses; great pain during coitus, like a knife, also pain in head during coitus and cold feelings; cannot bear weight of clothes on abdomen, or bed-clothes at night; pain through the hips; burning sensation in lungs; pains in limbs and feet, with hot flashes over her; perspiration on head, neck and chest; pain in chest when taking long breath; shortness of breath; pulse, 66; nervous spells, attended by cold hands and feet and frequent urination; hysterical bolus; sleep disturbed; jumps out of bed perfectly wild; as soon as she goes to sleep she starts as if frightened; always feels worse when she wakes.

Lachesis^{cc} was given, four doses daily. Improvement was marked, so that in three weeks she said she felt well and wished to return home. To insure permanent relief she was advised to remain longer, but continued under our supervision only three weeks more. The case was a simple one; the patient, if I remember rightly, had been a teacher previous to her marriage, and doubtless there was some hyperæsthesia or vaginismus at the time of her marriage. This was aggravated in her new relation and the nervous and mental conditions above enumerated were obtained. The general symptoms, independent of the mental condition, were sufficient to indicate the remedy, and the case may be instructive only as adding one more witness to the importance of considering the relation between mental symptoms and disturbances of the sexual organs.

We have often observed these disturbances in cases when the symptoms were very obscure, or entirely covered by the intensity of the nervous symptoms. An atonic condition of these organs may obtain under these circumstances, which may be overlooked and which comes to the surface when the intensity of the

nervous or mental symptoms subsides.

The fact that a healthy condition of the mind depends largely upon a perfect functional state of all parts of the nervous system, should lead us in physical disturbances to look carefully for the remote causes or concomitant symptoms of disease.—*Ibid.*

PRIMARY VAGINISMUS.

BY

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Fellow American Gynecological Society.

Since Sims' early experiments in the treatment of vaginismus no real progress seems to have been made in either the theory or treatment of this singular disease. But little earnest study after the researches of Sims, has been given to the subject. These are now of historical rather than of practical importance. Emmet has made a modification in the operative treatment slightly different from that of the former, but the idea is in no manner changed. Foreign authors have followed closely the American precedent, and the result has been that these cases, notwithstanding the urgency with which they demand relief, have been regarded as very nearly hopeless. My own observations have led me to the belief that this is probably due, in the first place, to a mistaken theory of the etiology, and, in the second place, to confounding separate diseases under the term vaginismus. It is a misfortune that this term has become so current among gynecologists, since it is a misnomer and gives a wrong idea, at the outset, of the disease. A recent writer has

attempted to avoid the confusion due to this term, by making two classes of cases. Vittorio de Samo, the author referred to, evidently recognized the difference between the diseases confused under this term, but distinguishes them by calling one primary, or idiopathic vaginismus, and the other secondary. This is a partial improvement, and it is better to follow him than to attempt any further effort at term-making.

The condition of the hymen found associated with primary vaginismus has led observers to regard it as the source of the vaginal spasm, although some authors (F. Webber) admit a physiological factor. Hyperæsthesia of the vagina and vulva is not necessarily vaginismus, neither is it always two affections, as those who differ from Sims assert (de Raure.) The conception of Hildebrandt is a decided advance over former theories of vaginismus, that is due to reflex spasm, and is not only vaginismus (as the name implies) alone, but involves other parts, the levator ani being a muscle principally engaged in the spasm. Nearly all German writers more or less completely corroborate Hildebrandt. Beigle speaks of it as a spasm, chiefly of the sphincter-vaginæ muscle, due to irritation; Arndt, that it is a local expression for a general nervous predisposition, but is not local in its origin, something like the cases of urethral neuralgia in nervous barren women, mention by Skene.

We know vaginismus chiefly as the cause of a defeat of the sexual act. A large class of cases is liable to be confounded with primary vaginismus simply because the act is more or less painful. We must, however, realize that many women exist among whom the sexual act is always painful—a hyperæsthesia of the vulva—but in whom no reflex cramp exists. The

sexual disability results from pain and not from spasmodic closure of the ostium vaginae. This class belongs to the same nervous group as that which embraces primary vaginismus. In practice these two classes are widely separated.

I have every reason to believe that in vaginismus, we have to contend with a clonic and not a tonic spasm of the muscles of the sexual parts; and to illustrate this I recall a case, not of this disease but of a like affection of a limited group of muscles. A professional neighbor called me into his office one day to see a patient who had consulted him for a tumor. I saw lying in his chair a large German woman of about thirty-five years of age; of a spare form, and nervous expression—a case evidently of checked nutrition. On exposing the abdomen a remarkable state of things was revealed. The abdomen was relaxed and showed the traces of a former pregnancy, and the surface was thrown into irregular lumps or tumors, subsiding in one place to rise in another—in some so rapidly that they would vanish even under the hand. The principal seat of the spasmodic action seemed to be in the rectus muscles, although the entire group of the abdominal muscles was involved. Inspection or manual examination was sufficient to develop the spasmodic action. In one sense, this illustrated the character of the muscular spasm in primary vaginismus, namely, the existence and the localization of the spasm within a restricted area or group of muscles, and further the explosive discharge of motor nervous energy on the application of a stimulus to the periphery in the affected area. As in the above illustrative case, the reflex spasm of vaginismus, as I have reason to believe, is frequently clonic.

In treating an extreme case of

primary vaginismus, in a very small, nervous blonde, the effect of ether was so disastrous that I resolved to carry on the treatment as well as I could without resorting to anæsthetics. There being a granular erosion of the cervix which I was anxious to remove, I made treatment by means of a covered applicator, guided by the finger, to the parts. I observed that the finger was grasped tightly by a rapidly recurring series of alternating relaxations and contractions, extending the whole length of the vagina, involving also the muscles of the perineum. To test the fact that irritation anywhere within the affected area would cause spasm, the finger was passed through the anus, with the result of inducing another series of clonic spasms.

Anatomically, the reflex spasm known as vaginismus involves nearly all the pelvic muscles that are connected with the perineum, in addition to those of the urethra. Hildebrandt names them as the levator ani, sphincter vaginae, sphincter ani, and, to a less degree, the perineal muscles proper, and those of the urethra. Hence, it is not unusual to see writers mention the difficulty of defecation and ischuria, due to the implication of the rectal and urethral muscles respectively.

I have been thus careful to examine the opinion of admitted worthy observers in order to show, to my own satisfaction, to the reader, what I have no doubt he already knows, that primary vaginismus is safely classed among the neuroses.

Briefly, what are the accepted means to relieve this nervous disease? Emmet looks after the remains of pelvic cellulitis and uterine displacements; but this author evidently refers to secondary vaginismus as well, and there is reason to believe, includes hyperæsthesia (dyspareunia) also; re-

moving or treating all erosions and indurations and inflammations of the vulval parts (which is proper enough); deep or superficial divisions of the sphincter vaginae, or gradual or energetic dilatation. I make upon this but one comment:—primary vaginismus is by these means but rarely cured. Why should it cure the patient? How can dilatation cure contraction in a group of muscles that are or are not in a state of contraction as the stimulant, in obedience to which they respond, is or is not present, and that contract functionally and not from any impaired power of relaxation? Likewise, how can division, deep or superficial, of the muscles, with subsequent dilatation, relieve the reflex spasm except by injury to the mechanism of the muscles which the repair process is sure to restore with a return of the original reflex spasm?

An examination of the condition under which primary vaginismus exists may reflect some light upon the methods of cure. First, it is found only among the married; secondly, it exists as a rule only among nervous, anemic, depleted women; thirdly, these women are not newly married, but generally have held that relation several years; fourthly, the sexual act has been in the majority of cases imperfectly or never performed. These circumstances combined point in but one direction, namely, to a complete or partial defect of the sexual life, and leads naturally to all the evils that result from this among the married. For my purpose, it is not necessary to detail clinical facts, as I wish merely to illustrate a point. In five cases of primary vaginismus that have come under my notice in the last two years, the husbands were impotent, or nearly so; and in those cases where virility was only partially lost, they were unable to cope with the sexual difficulties offered by their

nervous and excitable wives. Two of these men were virile as to other women, but were impotent to their wives, due probably to the mental reaction of repeated failures. The investigations of Dr. Sims show that that is not true invariably in the sexual history of these cases; but as far as my experience goes, is true often enough to become an important factor. The result of this is evident. The defeated sexual impulse gives undue importance to the nervous endowments of the pelvic organs in their functional relation to inhibitory nerve centres, and responding with explosive violence on the application of stimulants. A further result is more local—one a chronic condition of irritation and granular erosion and thickening of the tissues of the vulva, due in a great measure to constantly repeated and purposeless sexual contact, in which the fingers and male organ are equally at fault, and the other is the seat of reflex irritation thus created, by which any application of a foreign body to the ostium vaginae is the signal for reflex spasm of the sphincter vaginae and levator ani muscles. Especially is this true in all attempts towards intromission of the male organ, with all the train of reflex spasm, pain and mental loathing and discouragement that attend primary vaginismus.

The treatment of this condition is rational. We remove the cause. The surgical treatment should be limited to treating the local erosions and indurations. For the first, the usual remedies and dressings of petroline extract. For the second, it is better to remove the thickened hymen or its remnants by the scissors, taking care to remove as little of the lateral mucous membrane as possible, in order to avoid an extensive cicatrix. Further surgery here seems useless. It seem unnecessary to disapprove of energetic dila-

tation of the muscular orifice in order to cure an intermittent reflex spasm. This plan is too absurd to reason about. The other alternative of dividing the muscles involved in the reflex spasm deserves attention only from the high character of the men who practice the operation. It can be, from the nature of the case, a cure only so long as the muscles are disabled by division. So soon as union occurs, notwithstanding that dilatation has been industriously employed meanwhile, the spasm returns. This is true of every case of primary vaginismus in which I have had an opportunity of observing the result of this operation.

Removing the cause consists in separating man and wife until reflex irritability is removed and the general health restored. This treatment involves no hardship. It gives a welcome release to the first party to the compact, and deprives the second party of no chartered rights of enjoyment, which he has never possessed. Restoring the woman to an anti-nuptial condition gives time to allow the parts to return to a healthy state and a chance to treat the primary morbid nervous factor. Without the separation of the sexes it is impossible to do either.

To the general condition of anemia and of nervous irritability the treatment is directed mainly. The indications are so clear that this part of the subject, although so important, needs not to be detailed. Baths and exercise furnish active agents. After the local irritation and indurations are removed by gentle and proper treatment, these parts ought to be interfered with as little as possible, the design being to direct the attention away from the genital organs upon which the consciousness of the patient has been morbidly concentrated for so long a time. Only when the restoration to general and local health

seems well established ought the marriage relation to be renewed. Speaking roughly, I should say that one or two years would be necessary to restore the thoroughly broken-down health of one of these cases, before the wife could return to her duties. Oftentimes I have reason to believe, as I have already stated, the husband himself deserves attention, as he may have been the original cause of the disease. His condition must be one of thorough virility, so that when relations are resumed his part may be performed promptly and thoroughly at the start, otherwise the whole miserable history may be repeated.—*Ext.*

REPEATED DOSES.—*We*, who are struggling on the road to a purer Homœopathy, find that too much medicine is the rule. Carroll Dunham says Calc. Carbonica need seldom be repeated. There are exceptions. Are they among those where there is a constitutional craving for the substance, or are they over-drugged allopathic cases, where we find a resistance to remedies. For example, certain male disorders which have been allopathically dosed for months. Are these less amenable to our forces than our new comers? I humbly think so. Just now a case of ovarian tumor relieved and lessened many times by Graphites 2x, but with better results from one dose than from six or a dozen. Last time I gave only one dose, and a ten days' course of Sac. Lact. in globules, which latter medicine was praised as the *best she had*. Her size was lessened, and so long as improvement holds I do not repeat the dose.—*Ussher*.

THE
AMERICAN HOMŒOPATH.

*A Monthly Journal of Medical, Surgical
and Sanitary Science.*

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EDITORIAL.

MEDICAL LEGISLATION.

Every year, during the session of the Legislature, the medical journals of our country discuss more or less the subject of making new laws, which when enacted, are to be veritable panaceas against all the evils from which the medical profession suffer.

These laws asked of the law-makers, in the various States of this country very often differ widely from one another in their form and intent, according to the bias of the individual who is charged or has charged himself with the task of drawing them up. But all are professedly framed in the

interest of the medical profession and for the benefit of the community at large.

But how few of them, when enacted, have ever fulfilled their mission, or have even satisfied their authors, after they have been promulgated?

Is it not time, therefore, that the members of the profession should inquire into the cause of these repeated failures?

We must always bear in mind that all laws made to regulate the practice of medicine in any community, are viewed and judged from two very different standpoints, viz.: the medical and lay standpoints.

The physician, when seeking for protecting laws, desires thereby to elevate the standard of the profession, to purify it, and expel, as well as prevent, illiterate quackery; and secure for it members who will be an honor to its ranks, and become the intelligent counsellors and benefactors, to all who intrust them with their sanitary welfare. When he presents a draft of the laws he deems necessary for the object in view we find it is too often drawn up without any regard, and sometimes without any knowledge of the legal technicalities, or the constitutional obstacles he may encounter: and thus it often happens, that laws made with the best intentions become inoperative and dead letters because of this want of legal knowledge with which they are framed.

Nine out of ten cannot be enforced when contested in a court of law, and

the parties against whom they are intended to operate laugh at their weakness and deficiencies.

Why then, may it be asked, do the legislatures pass them? Simply because the politicians who compose the large majority of these bodies, do not care anything about it since there is no money in the act.

And thus another law, made ostensibly for the amelioration of the practice of medicine and the good of the community, is paraded as a great panacea, while the charlatans, who are to be driven away by it, laugh at it, and ply their trade with increased security; for a law which cannot be enforced is even worse than no law at all.

The most injurious results of these crude efforts to suppress quackery, become manifest when the irregular practitioners appeal to the public, and represent themselves as persecuted individuals, victims of jealousy and bigotry.

The laity will be ever ready to take them at their word, and side with them as the weaker party, in whom they (the public) can see no harm, but consider as the victims of a privileged and exclusive class. It will be a long time before the people in a country governed like ours can be educated up to the standard required to enforce laws, which, no matter how good they may be, can be made to appear to be framed, for the benefit of one class of the community only. It would be difficult under such circumstances to find a jury who would bring

in a verdict in favor of the prosecutor.

Clergymen do not find it necessary to appeal to the law-makers to protect them and the people against the insane quackeries of would-be religious teachers, as injurious to the mental and moral welfare of the people as medical quacks are to their physical well-being. Lawyers do not seek for legal aid to suppress the shyster who offers his crude knowledge often dishonestly to the ignorant who are in need of sound advice.

Nevertheless, both the clerical and legal profession suffer but little from the existence of clerical and legal quacks, and they know that legal measures cannot extinguish quackery unless the community is made to see the injurious effect it has, and that the best and surest way to suppress it, as far as it can be suppressed, is by treating it as beneath their notice and to show the people how contemptible and ridiculous they regard it.

Enlighten the laity and quackery will die a natural death.

THE AMERICAN HOMŒOPATH commences with this number the seventh volume under its present management. We are pleased to be able to say, that it is progressing under the most encouraging auspices.

An increased list of subscribers, many of whom are frequently writing letters of approbation, augurs well for its financial success. But what is still more important to us as editors,

is the assent so generally professed by the great majority of our readers, to the standpoint adopted from which we have viewed all important controversial questions, which have at one time or another been agitated, within the pale of our school of medicine.

We hope that hereafter, there will be no occasion for the editors of our journals, who must act in some degree as sentinels in our medical citadel, being so constantly watchful against foes from *within*, foes who, no matter how well intentioned they be, are sure to do mischief.

Peace and good feeling reign now, almost without exception, throughout our ranks and in our school, and, with a very few exceptions, our brethren throughout this country and the world seem to have agreed not to let minor differences separate them any longer, but to press forward the great tenets of our school as verified modified and established under the Aegis of Science, and amplified by all the new scientific discoveries which aid us in ameliorating the physical condition and well being of our fellow-men.

The task of the editors of our journals will, therefore, be more easy and agreeable. They need only to gather and carefully select all new and useful information which may aid the practitioner in his weary task to battle with disease and its ever changing aspect, and help him to relieve his suffering patients without too great a waste of time in searching for

new means, when the old ones fail him or are exhausted.

This will be, therefore, our great effort during the coming year, and we will shun no labor or effort in order to make our pages a store-house of valuable information.

We point with pride to the names of our co-editors, and writings of our contributors.

New provings made in accordance with the manner indicated in a former article on this subject, will enrich our pages, the result of an effort now making to re-prove some of the old remedies and divest them of the many more than doubtful symptoms which now encumber them, and perplex the practitioner, will be made known to our readers through the medium of these pages.

We will be happy if our brethren in the profession will aid us in these labors by their pens and counsel, and we will accept their assistance with gratitude and the assurance that we will serve them in our turn, when they place it in our power to do so. We need all the help we can get, but we say, somewhat like the Jewish courtier to the Queen, if *you* will not help us the Divine Being (who raised up Hahnemann) will aid us to carry on his work in building upon the foundation laid for us by the fathers of our school.

Finally, while we will keep aloof from all unprofitable controversies, we intend to watch carefully that specious reasoning shall not be permitted unchallenged to attempt to un-

dermine the deep laid foundation of our school or induce the young practitioners (by means of glittering generalities) to turn again, in fact, if not in name, to the decayed halls of a school which hides its unsafe condition by new points and stolen decorations.

Brethren of our school come then and help us by all the means in your power, and you will share with us in the pleasure and profit of having labored in such a cause.

PLATT'S CHLORIDES.—It is not often that we speak of any article of commerce or manufacture in our editorials, and never merely for the benefit of the proprietor.

But having used and directed others to use *Platt's Chlorides* as a disinfectant, and having seen the results and benefits arising from it, we feel constrained to urge its more general use upon all our readers.

Wherever a disinfectant is needed, both in the sick-room or the household, it will prove itself superior to all others known to us, and free from the objections which attaches to most of them. Odorless, thorough and safe, it is all that it ought to be.

REVIEWS AND NOTICES OF BOOKS.

ON THE BILE, JAUNDICE AND BILIOUS DISEASES. By J. Wickham Legg, Fellow of the Royal College of Physicians, London. D. Appleton & Co.; New York: 1880.

The study of the functions, normal and abnormal condition of the liver is of the utmost importance to the

general practitioner. The author has therefore placed the profession under great obligation when he has presented it with a work in which the subject is almost exhausted.

BOSTON UNIVERSITY YEAR BOOK.

Edited by the University Course.
Boston: 1880.

A valuable compilation, useful as a book of reference, *every year*. This year's number is more especially worthy of the attention and perusal of every thinking physician, on account of the essay by President Warren, on "The Hopeful Symptoms in Medical Education." Liberal, clear and scholarly as are the views of this profound thinker they are expressed in terse and plain language, so that even the superficial reader must be impressed with the signs of the times, as well as the obligation each one of us is under, to hasten the coming of the brighter period in the history of medicine.

The Popular Science Monthly, for December, in the masterly ability and practical instructiveness of its contents, distances all competition. Among the articles of special interest to physicians are Huxley's bold and brilliant address on "Science and Culture," at the opening of the Mason Science College. Dr. George M. Beard's is a curious and striking paper on the nervous phenomena exhibited by the "Jumping Frenchmen" of Maine, having made a careful experimental study of their singular doings on the spot. Prof. H. Carington Bolton's historical disquisition on "The Early Practice of Medicine by Women," and a paper by Dr. T. Lander Brunton on "Indigestion as a Cause of Nervous Depression," which should be read by everybody. Besides its practical importance, it is extremely interesting on account of its new physiological information.

NEW BOOKS.

CATARRHAL DISEASES OF THE RESPIRATORY ORGANS. By G. N. Brigham, M. D., is a concise and practical treatise on this important subject. Price \$1.50. A. L. Chatterton Pub. Co., New York.

THE HEART; HOW TO TAKE CARE OF IT. By E. M. Hale, M. D. A popular work by an eminent author. Price \$1. A. L. Chatterton Pub. Co., New York,

DR. HUGHES' MANUAL OF PHARMACODYNAMICS. First American edition, reprint from the fourth English edition, is rapidly progressing. The book will be sold at a considerably lower price than the imported work.

ABSTRACTS FROM RECENT FRENCH HOMŒOPATHIC JOURNALS.

TRANSLATED BY F. A. G.

THE NECESSITY OF Ponderable DOSES.—If there be one fact now incontestable, says M. Jousset, in a clinical lecture at the Hospital St. Jacques, it is that of the necessity of prescribing certain drugs in ponderable doses in determined cases. The clinic has superabundantly demonstrated that *infinitesimal* doses of Sulphate of Quinine, Mercury, Iodide of Potassium, Iron, Digitalis were totally insufficient to combat intermittent fever, cardiac cachexia, syphilis, or chlorosis. But these same drugs, so powerful in strong doses in these determined diseases, have an energetic and incontestable action in infinitesimal doses in a number of diseases, and intermittent fever, cardiac cachexia, chlorosis and syphilis are very fortunately modified by infinitesimal doses of certain drugs. It is in the infinitesimal doses that Mercury acts

in dysentery, coryza, angina, and so many other diseases; Iodide of Potassium in infinitesimal doses, is very appropriate in the treatment of certain affections of heart, exopthalmic goitre and croup. Sulphate of Quinine, in similar dose, is a precious drug in deafness, eczema, acute articular rheumatism. Iron acts wonderfully in infinitesimal doses in the treatment of hemorrhage, certain dyspepsias with vomitings, convulsive cough, and in a large number of symptomatic anæmias. Digitalis has an undoubted action in infinitesimal doses in affections of the heart, before cachexia, in certain ophthalmias, certain gastro-intestinal affections, the uterus and bladder.

But as to diseases, which we have seen require large, strong doses of Sulphate of Quinine, Mercury, Iodide of Potassium, Iron, Digitalis to cure, they are admirably modified by other drugs in infinitesimal doses. Nux Vomica and Arsenic in the 12° and even in the 30° dilution, cure a great many intermittent fevers and intermittent neuralgias.

Cardiac cachexias are very happily modified by Carbo veget. in the 30° dilution; chlorosis by Sulphur and Pulsatilla in infinitesimal dose, syphilis alone needs almost constantly strong doses, and yet in certain affections of the throat and eyes, caused by it, we have obtained real improvement with Nitric acid, Lachesis and Bee-poison in infinitesimal doses.

The chances of the Clinic have assembled this year in our wards six cases of more or less advanced stages of cardiac cachexia. You have been enabled to see how this condition has been modified by Digitalis leaf in ponderable dose. You have also been able to judge of the good results of a new preparation of Digitalis which I have had prepared by Messrs. Catellan. It is the trituration of the leaves

in the 10°. This preparation of the dose 50 centigrammes to a gramme in 200 grammes of water administered in 24 hours, produces the same effects as the cold maceration of the *Digitalis* leaves, it is more easily divisible into doses, it keeps indefinitely, needs no preliminary preparation, and is administered exactly like our other triturations.—*Art. Med.*, Aug., 1880.

ACCOUNT OF A SMALL POX EPIDEMIC.—Dr. Krüger had an opportunity of observing, in the Evangelical House of Refuge, at Nismes, March and April, 1879, a small pox epidemic including 34 cases.

We extract a few passages from the interesting detailed account he has published of it:

An epidemic broke out the first of March in a charitable establishment for a long time entirely free from cases of this disease. It appeared to be connected with a more general epidemic, having set out in a Catholic charitable institution and the artillery barracks.

The first uneasiness was manifested the 28th of February. A chill through ingestion of fresh water seems to have been the cause. The characteristic symptoms of the invasion were accompanied by sudden falling, consequent on vertigo and fainting. There were two collective invasions at eight days interval. The last isolated one happened on the 8th of April.

Most of the patients were vaccinated.

The cases may be thus recapitulated:

Variola—10 cases, 7 serious and 3 benign.

Varioloid—5 cases.

Varicella—3 cases.

Abortive—20 cases.

Only 2 died.

From the outset of the epidemic, *Vaccinium* 6° was regularly administered to every pupil as a preventive,

and Dr. Krüger had reason to be satisfied with it.

For the curative treatment our colleague had much reason to praise *Sarracenia purpuræ*. "I observed," said Dr. Krüger, "that it brought on the menstrual flow in several of my patients, at the same time exerting a happy influence on the course of the disease. It was at the outset when the eruption appeared that this drug was of the use mentioned. Other substances in homœopathy, notably *Mercurius solub.*, *Bryonia*, *Sulphur*, *Spigelia*, *Tart. stib.*, etc., afterwards helped to combat and regulate the action of suppuration, the interior complications and to favor digestion." — *Bibliothèque Homœopathique*.

TREATMENT OF CONSTIPATION.—We select two passages only from Dr. Chargé's treatise on the subject.

Baryta carbon., he says is for old age what *Chamom.* is for infancy, the advanced age of the subject can alone justify its choice. Obstinate constipation with apoplectic old men whose physical and moral forces are exhausted can find in it a remedy preferable to all others.

TITANIUM.—We nowhere find, not even in Allen's Encyclopedia, a pathogenesis capable of inspiring much hope in the value of this drug; but faithful to my rôle of historian, I would state that this drug has shown its utility when others have failed. Obstinate constipation; no evacuations without injections. Laxatives causing such pain that the patient refused to take them. Swelling and hardness of the belly, attacks of pain in the right side and behind. Fetid eructations. The excrements at times little black bodies like grains of coffee. This constipation was so troublesome that the patient deprived herself of food, she had become very weak and emaciated. (*Ibid.*)

MYELITIS CURED BY PLUMBUM.—Dr. Gonnard publishes the following statement: Louis X, 34 years of age, violinist.

Nine years ago the patient says he had paralysis of a month's duration at the termination of epileptiform attack.

He is actually convalescent of a sub-acute articular rheumatism. Consecutively to this attack an affection of the spinal axis declared itself, characterized by a uniform muscular paresis, the tactile and muscular sensibility are generally preserved; some departments differ, some hyperæsthesia, others anæsthesia; muscular atrophy appears especially plain in the interosseal muscle of the hands.

Phosph., 30° administered from 2d September did not come up to our expectations.

Plum., 30° was given from 9th September to 3d October. During a part of this time hypæresthesia of the intercostals limited the breathing and produced insomnia. Nevertheless the atrophy was stopped and the muscular forces notably improved.

The 3d October, an incident, colic with diarrhœa, compelled us to suspend the use of *Plumb.*

This last drug was resumed the 10th October, and continued up to the 24th when the patient having evidently recovered, his strength demanded his dismissal.—*Bull. de la Soc. med. hom. de France.*

CHILBLAINS.—Chilblains, says Dr. Espanet, are formed by a venous stasis developed under the influence of diverse morbid predispositions, most often from scrofula, sometimes from hemorrhoids or rash. These diseases impart to them certain characteristics peculiar to each of them, which explains why certain universally extolled drugs do not prove efficacious in every case. As observed in establishments where a great many children

and young people are assembled, chilblains present indeed several varieties of form, but always most decided in adults.

Chilblains appear on the fingers and great toes, but they are sometimes seen on the eminences of the hand, foot, especially on the heel, the pavilion of the ear, on the nose, the scrotum. They reappear each year, from the beginning of the winter, to disappear in the spring; and ripe age is not always free from them. They are characterized by swelling, redness, heat, and pruritus, all well known phenomena. In lymphatic subjects, or in those predisposed to scrofula, the swelling is more considerable, the redness deeper, the heat and pruritus less intense, are always more decided in the evening. In subjects predisposed to hemorrhoids, these phenomena differ little; but are more defined, under the influence of digestion, in the evening, and even in the middle of the day. In herpetic subjects the swelling is less, the redness less deep, the heat more persistent and the pruritus more violent, accompanied with painful tinglings. In all cases the pruritus excites frequent scratching to excoriations more painful with the herpetic.

Chilblains are simple (benign form) or malignant (malignant form). The benignant form affects in preference the herpetic and the hemorrhoidal; the common form, the scrofulous; the malignant form, the herpetic and the scrofulous. In the benignant form the phenomena are less intense and quicker to disappear. The common form is characterized by chaps, crevices, and more or less definite ulcerations, but which do not remain beyond the chilblain season. The malignity is characterized by the persistence of these lesions, by their extension to the ligaments and bones, and sometimes by phagedenism.

Chilblains disappear after puberty, yet in subjects enfeebled or cocochymic they reappear at intervals of several years and up to adult age. In such cases the swelling is less, the skin less smooth, the pruritus less intense, the redness clearer, except with the hemorrhoidal, when it is blueish; besides, with the herpetic they appear more tardily, often after the age of seven, whilst with the scrofulous they appear from the earliest infancy.

Here the homœopathic treatment is almost specific. I could cite boarding-schools where chilblains are almost unknown, thanks to the intelligent persons directing them. A few doses of Pulsatilla and Sulphur prevent, in 90 cases out of 100, their development or cure them; Nux vomica claims the other 10 cases.

Dr. Espanet founds his remarks on numerous clinical observations. He proscribes all local application.—*Ibid.*

STOMATITIS MATERNA.

BY

MILLIE J. CHAPMAN, M. D.;

Pittsburgh, Penn.

(Continued from Dec. 1880, issue.)

The remedies most useful in my hands have been the acids Nitric, Lactic, Carbolic and Sulphuric; Hydrastis, Baptisia, Mercury, and Sulphur.

The following cases present about the usual variety that occurs in this disease:

Mrs. S., æt. 24, primipara, scrofulous habit, weak and nervous, suffered from pyrosis, hæmorrhoids, and hysteria during pregnancy. Labor lasted thirty-six hours. Aside from a rigid condition of the parts there was nothing abnormal. She made a slow recovery and about the middle of the sixth week after labor was attacked with stomatitis.

At first there was fiery-red appearance of the entire mucous membrane of the mouth followed by aphthous patches, which seemed very superficial. She complained of a continual stinging-burning sensation and the surface was so very tender as to make it impossible for her to partake of any solid food. Drinks were not objectionable and warm drinks particularly grateful. The nervous system was greatly disturbed; she had epigastric pain, constipation, and retention of urine at times, and pruritus was severe. A diet of rich soups, daily exercise in the open air with the use of Hydrastis, was followed by a slow recovery.

During two pregnancies since, the disease has returned, each time yielding slowly to treatment.

Mrs. W., æt. 32, fourth child. During the last half of pregnancy was seriously afflicted with stomatitis. A few weeks before her delivery strawberries made their appearance, of which she ate largely. Her symptoms soon changed for the better, the disease disappearing entirely during the whole season of that fruit.

About this time the child was born. Before she left her room the stomatitis returned in a severer type than at first. Her appetite was poor, her digestion imperfect, and she had a peculiar anæmic appearance: all food caused intense suffering, buttermilk agreeing with her better than anything else. A nourishing diet was given, consisting of rich soup, beef tea, egg nog, and, when they could be taken, fish, or mutton-chops.

Various remedies were administered, Lactic acid affording most relief. A moderate degree of health was attained but her mouth was never well until the seventh month, when she was induced to wean the child and the disease disappeared as if by magic.

Mrs. M., æt. 35, fifth child. Re-

moved to West Virginia when three months pregnant. Living some distance from a town, supplies were not easily obtained. Corn-meal bread and bacon was the principal diet. Obligated constantly to overwork; she was exceedingly homesick, often ill-treated by a dissipated husband. She struggled along until the middle of the eighth month when she was attacked with stomatitis, appearing first in the form of vesicles, which after a short time burst and developed into deep-seated ulcers. These were situated on the sides, upper and under surface of the tongue, gums, inside of the cheeks, throat and fauces, the roof of the mouth being free. In some places on the gums these ulcers dipped down to the bone beneath. There were several ulcerated spots on the side of the neck. The skin was harsh and dry. The disease increased until two weeks before her labor, when she was brought home. Then I first saw her. At this time diarrhœa set in, with considerable fever every day. By a complete change of surroundings, good care and nourishing diet to aid the action of remedies, she was partially relieved before confinement.

Labor was normal and afterwards the improvement more rapid.

The milk seemed to poison the child, hence weaning was resorted to early. Lemonade, or rather lemon juice and water, no sugar, was used freely; onions, cabbage, lettuce, potatoes, carrots and other vegetables formed the diet for some time.

Several remedies were given as the indications varied, Baptisia being of great service.

PANNA: NEW REMEDY FOR TAPE-WORM.—Panna is the root of *Aspidium athamanticum*, whose habitat is the Cape of Good Hope.

It is said to be the best, mildest and

safest remedy against tape-worm. About six grammes, divided into three doses, are sufficient for a complete cure, so it is said.

Colleagues might like to try it in some of those old cases that defy everything.—J. C. B.

UTERINE DYSKINESIA AND THE TREATMENT OF DISPLACEMENTS.

Uterine dyskinesia is a new gynecological term, introduced by Dr. Graily Hewitt, and used to express the difficulty in walking that accompanies certain uterine diseases. In a report upon sixty-seven cases of uterine distortion or displacement coming under Dr. Hewitt's care, he noticed this symptom as occurring with remarkable frequency. Physical exertion induces a temporary exaggeration of the difficulty, hence exercise is given up and helpless invalidism is likely to ensue. Another point noticed in these cases, which, by the way, were of persons of the better class, was the frequent existence of starvation. Not enough food was taken, and the uterine tissues softened and lost their tonicity. In many cases, nausea was also a frequent symptom of the uterine displacement. This nausea sometimes led to the taking an insufficient quantity of food; the result was starvation; the starvation in these cases being secondary to the uterine disease.

The treatment employed was largely hygienic. In some starvation cases food was given every hour, sponge baths and friction to the skin were used. The postural method was largely followed. The patients were kept recumbent, in the dorsal position in the case of forward displacements; in the semi-prone position in cases of backward displacements. The sound was used at intervals to aid in restoring the uterus to proper

shape, when the organ was found hardened in its distorted shape. The treatment of the cases generally covered a long time, but eventually most of the patients were restored to health.—*Medical Record*.

DIFFERENTIAL DIAGNOSIS OF CEREBRAL EMBOLISM AND THROMBOSIS IN CASES OF DISEASE OF THE VALVES OF THE HEART.—Dr. Charles K. Mills reported following case. The patient was a woman more than sixty years of age. During life he had made the diagnosis of fatty degeneration of the heart, and of aortic, and probably mitral, disease. Dr. Bruen, who saw the case in consultation, concluded that only the aortic valves were diseased. The radial and temporal arteries were markedly atheromatous. She had had three attacks of right-sided paresis or paralysis, dying after the last, which came on suddenly. Post mortem examination showed extensive calcification of the aortic crescents and degeneration of the heart-walls. The aorta and the cerebral vessels, both large and small, were atheromatous. Centres of softening were found in the motor zone of the cortex of the brain, and also in other regions. Several of the secondary and tertiary branches of the middle cerebral artery were found to be closed, the occlusion being due to disease of the walls of the vessels and the formation of thrombi. In cases like this the diagnosis of embolism is not infrequently made, although the condition found is really thrombosis. He would give the following as good diagnostic points. In favor of thrombosis would be (1) advanced age; (2) evidences of atheroma of vessels; (3) fatty degeneration of heart (4) a succession of slight attacks of paresis. In favor of embolism would be (1) youth; (2) absence of signs of ather-

roma; (3) previous history of rheumatism; (4) a comparatively severe attack of paralysis.

RECTAL ALIMENTATION.—At the meeting of the French Association for the Advancement of Science at Rheims, M. Catillon read a paper on "Alimentation by the Rectum," in which he stated that he had fed two dogs during two months with injections of eggs. The first, which had eggs only, lived with difficulty, with considerable loss of weight; the other, in which the injected eggs were mixed with glycerin and pepsin, lived in an apparently normal manner, weight and temperature being constant. After thirty-seven days, the pepsin having been stopped, the animal lost weight, and the temperature fell from 102° Fahr. to 99° Fahr. It is therefore apparent that, in order that nutrition should be properly performed by the intestine, digestive ferments must be associated with the food,—that is to say, they must be transformed into peptons.—*Medical Press and Circular*.

EXPERIMENTAL RESEARCHES ON THE ACTION OF PICROTOXIN.—Prof. Chirone and Dr. Testa (*Jour. des Sci. Med.*, 1880, p. 516; from *Ann. Universe di Med. e Chir.*) have arrived at the following conclusions. 1. PicROTOXIN may give rise to true attacks of epilepsy. 2. PicROTOXINIC epilepsy manifests itself independently of the psycho-motor centres: it shows itself in a more intense form, indeed, when these centres have been removed by vivisection. 3. PicROTOXIN first exerts its influence on the bulb and on the apparatus of conjunction between the cerebral centres and the spinal centres. In this respect it resembles strychnia and is opposed to cinchonidin. 4. PicROTOXIN arouses the funct-

ional antagonism which exists between the psycho-motor centres of the bulb and the apparatus of conjunction. 5. Convulsions of the members caused by picrotoxin depend in the first place upon the influence which it exerts upon the bulb and which is propagated by the spinal cord; and, in the second place, upon direct action on the spinal centres. 6. (Omitted.) 7. Epilepsy of cerebral origin may be obtained artificially by cinchonidin, and epilepsy of spinal origin by picrotoxin,—the former occurring provided the psycho-motor centres are not removed, the latter becoming more intense if they have been removed.

TREATMENT OF EXCESSIVE PERSPIRATION OF HANDS AND FEET BY FARADIC CURRENT.—As this symptom is due to disordered functional activity of peripheral nerves, Dr. Gordon was led to study this particular condition, with the following results. The tactile and faradic sensitiveness of these parts is diminished; their temperature is lower. Systematic faradization controls the perspiration, and corresponding to the effect of treatment the above two conditions are relieved.—*Wratch*, 1880, No. 20.

—DANGERS INCIDENT TO SIMPLE UTERINE MANIPULATIONS AND OPERATIONS.—Dr. Engelmann has done good service by calling attention to this subject in an elaborate paper read before the Missouri State Medical Society. His paper is based upon a large number of cases gathered from his own experience and that of other gynecologists, in which it is shown that serious results, even fatal, may follow the most simple examinations and operations. The use of the

uterine sound, tents, vaginal injections, use of the curette, together with the whole range of the more common and frequent procedures of the gynecic surgeon, even the simple vaginal touch. These results, so carefully drawn out by Dr. Engelmann, are abundantly sufficient to put all operators on their guard, and especially indicate the necessity of exercising more control over the conduct of patients at the time of these services than is often, or perhaps generally, observed. We quote the *conclusions* of this very valuable paper as follows:

1. Uterine manipulations necessitate the greatest possible caution, especially in first examinations; but even the oft-treated organ may, in an apparent freak, under unknown conditions, resent a most trifling interference.

2. No manipulation or operation is without danger; and, before attempting either, certain physiological and pathological conditions must be guarded against—menstruation, pregnancy and involution on the one hand, and the remnants of cellulitis and peritonitis on the other, above all, acute affections. These precautions may be often neglected, but now and then a punishment swiftly follows.

3. During operations we must more-over observe:

- a. The sanitary condition of the city. The existence of epidemics, especially of puerperal fever, erysipelas, or diphtheria, decidedly contraindicates operation; and it seems that the spring of the year is most fraught with these dangers.

- b. Absolute cleanliness, if not Listerism, in its details, as far as applicable.

4. After operations—I am still referring to the most simple—the patient must be, at least for a reasonable time, confined to her bed. Upon this the

surgeon must insist, however ridiculous it may seem to the patient, without ache, pain or discomfort of any kind. Even after receiving uterine treatment, patients should observe a brief period of rest.

DOUBLE CYSTIC KIDNEY WITH RENAL CALCULI.—From a Danish source the *British Medical Journal* of October 30, 1880, takes the report of a man 37 years of age, who had first voided a renal calculus in 1871 and another in the autumn of 1872. Since that time his health has been good, but sometimes he had a feeling of weight in the loins and discharged a little gravel. On July 1, 1879, he took cold, and soon noticed that the daily quantity of urine diminished, until the 8th, when there was suppression. He was admitted to the hospital on July 9; his bladder was then empty. In the course of the next night he voided about 7 ounces of urine with his stools. He complained only of soreness in the region of the right kidney. The urine could not be examined until the 15th, when it was found to contain much albumen. On that day symptoms of uræmia set in, and he died on the 16th. At the necropsy the kidneys were found to be both greatly enlarged, the left, however, more than the right, and both presented almost complete cystic change. The renal parenchyma remaining in the interspaces between the cysts had a yellow-gray turbid appearance. The pelvis of the right kidney was much dilated and contained a large nodulated calculus, the lower part of which was rounded and covered in the orifice of the ureter, which was dilated. The left ureter, at a distance of about two inches from the kidney, was completely blocked up by a calculus of moderate size; below this the canal was completely strictured by indurated connective tissue,

scarcely allowing the passage of a fine sound. Above the stone the ureter was dilated, and the pelvis and calices especially were greatly expanded.

Dr. Axel Key, who examined the specimens, thinks it remarkable to find such extensive changes in the kidneys of a person who had enjoyed relatively good health up to a fortnight before his death. He regards the cystic change as having been principally congenital, and as having no connection with the formation of the renal calculi and the consequent obstruction to the flow of urine. The renal parenchyma, which was found between the cysts, had been sufficient for the function of the kidneys. When the renal concretions began to be formed, hydronephrosis was gradually developed, and in connection with it a chronic nephritis with interstitial and parenchymatous changes, which went on for a time without producing any marked disturbance, until at last an acute exacerbation set in and rapidly caused death.

A CASE OF POISONING BY DUBOISIA.—E. L. Holmes, of Chicago, reports the following case (*Chicago Med. Jour. and Exam.*, November, 1880). A patient at the Illinois Charitable Eye and Ear Infirmary, during convalescence after Graefe's operation for cataract, was provided with a small bottle of sulphate of Duboisia, gr. j to ʒj, in place of sulphate of atropia, which caused considerable conjunctival inflammation. On the 27th day of April, about nine o'clock in the evening, he took by mistake a "teaspoonful" of the solution. It cannot be determined whether the teaspoon was quite full. The patient at once informed other patients near him that he had taken the wrong solution, but concluded to await the result before reporting to the nurse. In about ten minutes there was dryness

of the throat, and in half an hour a peculiar sensation in the legs, then in the thighs, arms, and other parts of the body, as if they were asleep. At the end of three-quarters of an hour, or more, the patient could scarcely talk or stand. Strange to say, not till this time did it occur to the patient or those around him to call the nurse. An active emetic was at once given, with the apparent effect of entirely relieving the stomach of its contents. Without delirium the patient rapidly passed into a state of unconsciousness, and remained in this condition till about five o'clock in the morning. He complained for two days of muscular weakness in the legs and arms, and especially noted a peculiar jerking action of the muscles of the arm in extending the hand to grasp a glass or other object. Dr. Holmes saw the patient at midnight. He was lying quietly, breathing naturally, but in a stupor from which he could not be aroused. The face was not specially flushed, although the mouth and tongue were remarkably dry. The temperature, as determined by the thermometer, had been normal. The pulse varied from 108 to 112. Some time previous to this, before unconsciousness became quite complete, the patient made efforts to sit up in bed. The pulse always fell to 80 when the patient sat up, and increased on lying down. No other symptoms were noticed. An ounce of brandy was given through the night.

ITEMS.

THE NEXT MEETING OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.—Prof. Dowling, President of the Institute, and Chairman of the Committee, to which were referred arrangements for the time and place of the next meeting, announces that it will be held at Brighton Beach Hotel, beginning June 14, and continuing four days.

Mr. Breslin, proprietor of the hotel, pledges himself to do all in his power to make the stay of the members pleasant. He has dining room for twelve hundred. Should the hotel, large as it is, not afford sufficient sleeping accommodations for all, the overflow will be provided with lodging at the Manhattan Beach Hotel, distant but two or three minutes' ride by rail. A banquet will be given to members and friends present, and arrangements will probably be made for an excursion to Ward's Island Hospital, by way of the Bay and East River, supper being served the on boat.

Those purposing attending the International Congress, which meets in London on July 11th, will have ample time for the voyage after the adjournment of the Institute. It is hoped that this will be the largest and one of the most interesting of the Institute meetings.

THE NEW YORK Ophthalmic Hospital for Eye and Ear, corner Third avenue and Twenty-third street. Report for the month ending December 31st, 1880: Number of prescriptions, 3,434; number of new patients, 419; number of patients resident in the hospital, 12; average daily attendance, 132; largest daily attendance, 183.

CHAS. DEADY, M. D.,
Resident Surgeon.

Dr. Wm. Eggert's wife died at Indianapolis, Nov. 24th, 1880.

E. C. Beckwith, M.D., Columbus, O.—This well known physician died of ulceration of the stomach, Nov. 21st, 1880.

WE will pay 50 cents each for any number of copies of August, 1880, issue of HOM. JOURNAL OF OBSTETRICS. Also wanted January and June, 1880, copies of AM. HOMŒOPATH.

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CARICA PAPAYA.

BY

F. F. CASSEDAY, M.D.

Stevens Point, Wis.

I am sure that any further light on the action of *Carica Papaya* will be acceptable, and for that reason give the results of a series of experiments performed by Mr. H. J. Rose, and reported in the *Canadian Pharmaceutical Journal*.

Carica Papaya, or *Papaine*, as the juice of the papae is termed, is indigenous to the West Indies. It is a member of the natural order *Papayaceæ*, and has palmately cleft leaves and unisexual flowers. I am of the opinion that the name *papaya vulgaris*, by which this tree is designated in some of the journals, is erroneous.

It is by no means certain that the *papaya vulgaris*, as described by Dr. E. M. Hale, in vol. xv. of *N. A. Jour. Homœopathy*, is the same as the *Carica Papaya* of the West Indies, and even if they are one and the same

species there is no good reason for dropping the proper genuine name *Carica* and substituting a new specific name for *Papaya*. If it is the West India tree, *Carica Papaya*, which the Bureau of Materia Medica of the American Institute of Homœopathy are to prove, let us call it by its true name.

It should also be distinguished from our American *papaya*, *asimina triloba*, of the order of *anonaceæ*.

Mr. Rose writes as follows: "The experiments which I have made on the effect of the juice on fibrin and albumen, confirm the results of previous investigations; but I have also found that the dried juice possesses the property of converting starch into sugar, thus taking the part of diastase. I have not yet had time to follow up this subject; but, in the meantime, briefly indicate the experiments made, so that those who have more leisure may find ground for further research.

1. Five grains of starch were boiled in a fluid-drachm of water, and when

cooled to 100 degrees Fahr., 5 grains papaed juice added, and the temperature maintained, in half an hour the solution was quite thin, and in an hour iodine no longer gave a blue coloration.

2 and 3. The same quantities were similarly treated with the addition, respectively, of 5 grains of Glycerine and 5 minims of Alcohol, with similar results.

4. Ten grains of starch, similarly treated, were decomposed by the same quantity, after a little longer action.

5. Fifteen grains nearly all decomposed under the same treatment.

6. Five grains of starch, similarly treated, but allowed to cool, gave similar result.

7. Five grains of starch, similarly treated, with addition of 3 minims of dilute Hydrochloric acid, showed but a slight action after three days.

In using any of the ordinary tests for sugar, the fact must be borne in mind that papaed juice itself contains saccharine matter, which must be determined before the conversion of the starch can be accurately ascertained.

CLINICAL NOTES.

BY

N. C. RICARDO, M.D.,

Passaic, N. J.

Mrs. B. complains of a small red boil on the lower right maxillary, near the symphysis, swollen and very painful. Arnica 30 morning and night for three days. On the second day the redness, swelling and soreness were all gone.

Mrs. S. complains of a pain on the left side of the face involving the cheek and nose. Nose red and swollen on the left side only and very sore internally. Is very irritable. Cham. 30 every two hours entirely re-

lieved the whole trouble by the next day.

THE NECESSITY OF PROPER DIET IN CHRONIC DISEASES, WITH A CASE ILLUSTRATING.

BY

TH. MEURER, M.D.,

New Albany, Ind.

Mrs. Axl—e, the wife of a carriage manufacturer, of this city, about 45 years of age, had been a sufferer for about four years with various hepatic troubles. The old school physicians in our city attended her successively. Their diagnosis was biliary calculi, but the treatment proved of no avail. She went to Louisville to consult Dr. O., who expressed the same opinion as his predecessors and treated her with like result. He gave her massive doses of Carlsbad salts, with no benefit whatever.

In the month of July last, she called on me. Her skin was dry, of a yellowish brown color, every week one or two attacks of colic in the region of the liver, abated for the time being with Morphine; sleep miserable; unable to leave the room; because walking brings on a new attack. Stools mushy, three to six times a day, grayish white color; great thirst; little appetite and what she eats disagrees with her. Urine looked like stale common beer with strong smell.

She was very downhearted and despondent. Everything looked to her as if tinted yellowish. The physician, before I took the case, made no alterations of diet, allowed her to eat Swiss cheese, etc., etc. Before I gave her one particle of medicine, except Sach. lach., I ordered the coal oil night lamp of her sleeping-room away, substituting a lard oil night light. Coal oil at night is one of the most

injurious things I know of, poisoning the air, etc. Gave orders that the window in the next room should be allowed to remain open day and night for the purpose of carrying away all effluvia. Inflation of lungs three times a day. Brisk wet rubbing of the whole body every day, to bring the capillaries to order. Swiss or any other cheese, and pork and bacon, coffee, candy and pies, catsup and other similar enemies to a healthy stomach were banished; Milk, corn, mush, hominy, rice, different plain soups, cornbread, wheatbread one day old were substituted. I made her eat fruit either raw or stewed, also potatoes with the peel on, roasted in hot ashes, a little fresh butter added; a little rare beef or mutton for dinner, or rabbit, quail, turkey or deer meat but only meat for dinner, not for breakfast or supper. Her case crystalized from out of a chaos of symptoms in a clear form.

My first remedy, after dieting her nearly a week, was *Podophyllum pelt.* 3x, morning and night. The hepatic colic I controlled with hot wet cloths, changed as often as they cooled, and *Nux vom.* 10x, one teaspoonful every fifteen minutes until better. My patient improved right from beginning. A good rotation of matter took place and with every drop of good blood the stomach and lymphatics made, the action of the remedies increased. In October she had a very severe attack of erysipelas faciei, but although the swelling was intense, a dry application of two parts good, fine wood-ashes and one part common salt, with the usual homœopathic remedies, removed every trace in about a week. At the end of October she passed the first stones from the liver, and kept on discharging them until lately, when the stools became of a healthy brown color and consistency (restored biliary secretion) the color of her skin

lost its dark appearance, the appetite became natural, urine normal in quantity and quality.

The old school physicians would be satisfied with the removal of the stones, but not so the homœopath. He must see that the liver becomes healthy and that a good healthy secretion of bile is a permanency. Therefore, a properly regulated diet has to be kept up *at least* six months, after every vestige of the disease is removed. After my first case of gall stones, twenty-three years ago, I was *quasi* forced to become a specialist on liver diseases. My favorite remedies which accomplished the most good are; *Podophyllum pelt.*, *Leptandra*, *Carduus marianus*, *Chelidonium majus.*, *Nux vomica*, *Taraxacum*, *Pinus sylvestris* (in great prostration of the gastric organs) *Lachesis*, *Sulphur* and lately *Natrum sulph.* Of course I will not dictate what attenuation a physician should use, but my experience proved that the 10x attenuation is the lowest desirable and the 30 the highest, I don't see the necessity of blending the two systems together, but study the symptoms which stand in pathological homœopathicity to the disease.

DIPHTHERIA.

BY

ROBERT BOOCKOCK, M.D.,

Coxsackie, N. Y.

I prescribe the Cyanuret of mer. for diphtheria, to be taken continuously during the progress of the disease, the 3d for adults and 6th for children; and if there are other symptoms which do not indicate this medicine, use the appropriate one for them in alternation. *e. g.* you have *Cy. mer.* and *Sulph.*, or *Phlyota. or*, if the glands

are much swollen, Mur. ac. and strong enough to give an acid taste to the water; or if the nose is corroded, Nit. acid; and if the bronchia becomes involved Spongia 1st. In this way they may cure every case. But don't forget to use the Cyan. mer. at once, as soon as diphtheria is suspected with one or the other in alternation. Seven years ago, when many children died of diphtheria, in Glen Cove, I practiced in Rockville county, Long Island, and had some 150 cases, and did not lose but one case. Since then I have treated a great many, and have lost but two cases in the last seven years. Of course, many may doubt this, but the truth is not changed by their doubt. I believe it is the duty of every one to do what he can when so many are dying of this dread disease.

INCIPIENT PHTHISIS CURED.

BY

N. C. RICARDO, M.D.,

Passaic, N. J.

L. D., aged about 45 years. Aug. 26, 1880, had a cold with severe cough all last winter. As spring came on the cough gradually left him leaving him very much emaciated, and an occasional cough.

He had no particular bad feelings, other than loss of his usual vitality with an occasional dull heavy aching pain on the chest. On examination, I found decided dullness on percussion, over the lower right lobe with crepitation. The remaining portions of the lung tissue were weak. The expansion of the chest was one inch; weight 134 pounds. I ordered Scott's emulsion, a teaspoonful after dinner every day, and prescribed Phos. 30 every night for ten days.

Sept. 6th—Weight 135 pounds. The crepitation is less. Sulphur 30.

One dose. Sac. lac. every third night for a month.

Oct. 13th—Weight 135½ pounds. Expansion of chest 2½ inches. Very slight crepitation in the upper left lobe and in the lower right lobe. Has a cold with a dry cough. Bry. 200. One dose. Sac. lac. every Sunday for a month.

Jan. 18th, 1881. Has been very well ever since I saw him last. Has increased very much in flesh; his former vitality has returned, and he expresses himself as being perfectly well, and never felt better in his life.

On examining the lungs, I find the respiratory murmur perfect. No crepitation whatever. The chest has become filled out and rounded.

Here was undoubtedly a case of sub-acute inflammation of lung tissue, which would certainly have terminated fatally if not arrested.

He has taken four remedies. One, Scott's emulsion with Hyphosphites every day from August 26th, 1880 till about the present time. This emulsion has certainly done its share in the cure by sustaining the system, and assisting the proper remedies to act.

I shall claim positively that the emulsion did not cure this case alone. But on the other hand that it was simply an aid.

During the first two months' treatment the emulsion was taken daily and on Oct 13th I find crepitation increasing. It having appeared in the upper left lobe. This of course was excited by the recent cold. And a point against the emulsion is, that it was powerless to stay this increasing of the disease. Of the remedies taken, he took Phos. 30, ten doses, without much effect. Sulph. 30 one dose, also without much effect. But as the disease is excited to renewed energy by recent cold, like a signal of danger, it gives forth warning, and in that warning breath, a dry cough

Bry. 200. One dose is given and the disease is arrested and *cured*. No physical sign, subjective or objective, was discernable. Now, does the emulsion do its true work, nourishing the system?

I have but one more thought, namely: the fallacy of giving Phos. empirically in lung troubles. The true *similimum* is our surest guide to a successful issue in serious cases.

CLINICAL OBSERVATIONS.

BY

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Philadelphia.

I. I have a patient, a lady, with retroversion, etc., who complained of scanty, irritating urine. As an experiment, I advised her to eat freely of grapes. She did so, and had, for a short time, almost entire suppression of urine.

On August 21st, she had frequent and profuse urination. She again ate grapes, and was relieved at once.

II. A lady aged about thirty-three years, married, last autumn consulted me for catarrhal phthisis, affecting a small space in the upper right lung, with crackling respiration, (audible at night to herself), illness on percussion, paleness, emaciation, fever inconsiderable. It had begun in early summer; she had taken cod liver oil, etc., *ad nauseam*.

I prescribed Kali mur. 30, three times a day, and the following substitute for cod liver oil: one-fourth pound of finely cut suet (of beef or mutton), two pints of new milk; boil together in a closed earthen vessel, set in a pan of water (as a water bath, preventing burning), down to one pint, skim off all floating fat, and allow it to cool. This she relished exceedingly, drinking it at each meal.

This course was continued all win-

ter, with steady amendment in every respect. About the end of the season the cough was aggravated, as I thought, by the constant use of the drug. The crackling respiration and greenish expectoration had long since disappeared, but the dullness of percussion continued. After other modifications, I finally prescribed the remedy—three doses every second day; and from that time she progressed without interruption. In May, her weight was within five pounds of her normal condition, and steadily gaining. The drug was then ordered to be taken only if the cough or expectoration should demand it. The dullness on percussion was still greater than on the left side. In June she returned to her home in Columbia, Pa., *well*.

III. There is a common form of pleurodynia, consisting of *soreness on percussion or pressure*, which may, by careful manipulation, be located in the bone or periosteum of one or several ribs. It is very distressing in some cases. It finds a specific, in uncomplicated cases, in *Mercurius vivus* 200, two doses every second day until six are taken—followed by *Sac. lac*. If the intercostal muscles (not the bones), be sore, *Arnica* or *Puls.* cures.

IV. *Rhatania* 200, usually cures infantile diarrhoea, if painless, watery and fetid.

V. I have found *Ferrum phos.* repeatedly curative in hepatic or gastric pains, occurring about bed time.

VI. *Magnesia phosphorica* 30 has not yet failed to relieve the colic of new-born infants. The same drug has relieved infantile convulsions, where Bell. was apparently indicated but failed. Symptoms: after the spasm, excessive sensitiveness to every impression on its senses, even to touch, and especially to noise; look of suspicion and fear; easily

agitated. Spasm in the early morning; (colored child, about fifteen months old, teething).

VII. Acon. 3, has cured several cases of choleraic infantile diarrhoea, this summer, with vomiting and purging, the latter always like a combined "blast of wind and water," as to sound, but consisting of viscid liquid fæces, with sediment like Indian meal, and darker particles, which, under the microscope, showed as shreds of flat-celled epithelium, with bile-pigment.

The other symptoms (in the worst case) were: great restlessness; thirst; pale or leaden, hollow-eyed face; the child laid its little head on the nurse's arm, then on her shoulder, then on the other side; occasionally dozing, with eyes half-open; frantic for water, when seen; vomiting after much drinking; pulse rapid, small, tense; frequent distressed, whining cry. Acon. 3, alone, given every two to eight hours, in water, cured in a few days.

One case afterwards, had stools which I can describe only as semi-liquid, brownish, indelible insufferable nastiness, passed during sleep, at 1 and 4 A. M.; with undigested food. Cured by Psorin. 16c. six doses, after Bry. and Rhatania had failed.

VIII. *Febrile Influence of Hot Weather.*—In many cases, I have noted the bad effect of hot days on patients sick with phthisis, or with fevers; on new-born and on older children, etc. Mothers may kill their babes with excess of kindness in this way—nay, this happens constantly. Almost everybody, nursing a febrile consumptive, is perpetually busy in "shutting the stable door after the steed has been stolen," protecting the chest, already diseased, by sweltering under-clothing and over-clothing—and the hotter the weather the greater

the fear of a draught, catching cold, etc.

I tell such nurses that I am quite as much afraid of "a hot" as "a cold,"—which, indeed, must not be ignored,—and make it a point to show that fever is surely devouring the patient, and must be moderated: by clothing suitable; by open windows, *faced* by the patient, who may have thin screens partially interposed, if need be, not exposing the back or sides of the head, neck and body; by cool water on the forehead; by tepid or cool spongings (with closed windows), as often as the hot sweat gathers on the surface; by fruit and by water-drinking, with a reasonable freedom, etc., etc. Thus, much good is done and suffering relieved.

IX. *Sleep and Exercise in Heart Diseases.*—Experience has taught me the importance of rescuing patients with heart diseases, from the inflexible law of thrift, viz.: early rising. It is distinctly inimical to a weak heart, to take upon itself a full day's contention with the postures and exertions of health. "Early to bed" is, however, all-important; "late to rise" will be found equally valuable. In one case, a lady, accustomed to rise at 7 A. M., to sweep and dust, etc., I prescribed an additional hour in bed in the morning, with the happiest effect, and to her great relief. A number of other cases might be cited.

Per contra, in hypertrophy, exercise of a right kind does good; not the violent and twisting motions of sweeping, etc., nor the supreme mechanical effort of lifting one hundred and fifty pounds to a height of thirty feet in thirty seconds, as in ascending stairs, and many times daily; but in a good walk, at a steady, moderate pace, on a level ground, whereby the contracted arterioles become full, nourish the organism, and provide free, open channels, through which

the weak heart easily propels the blood.—*Penn. Med. Society.*

APIS MELLIFICA IN VENEREAL DISEASES.

BY

T. K. LEE, M.D.

Philadelphia, Pa.

CASE I. July 10th, 1879. Mr. A. E. B., æt. 25, and of a vigorous constitution, consulted me in reference to a venereal ailment, and a physical examination revealed the following objective symptoms:

The glans penis was thickly studded with venereal warts, accompanied by a severe form of balanitis, and a profuse watery secretion, which was so copious as to saturate the dressings which were changed every few hours. This condition, my patient stated, was consequent to an attack of gonorrhœa, developed six months previously. The original disease had disappeared, but these sequelæ had defied all the appliances of his allopathic medical adviser. Mercury, Nitric acid and Thuja were consecutively administered without any apparent indications of improvement. In this hour of discomfiture I applied myself to a critical study of materia medica and concluded that Apis was the true similimum. Accordingly, my patient was given Apis⁰, four times a day, and after the lapse of a week, the balanitis and attendant secretion had nearly disappeared, and in a month the watery excrescences were likewise removed, and the glans penis resumed a healthy appearance.

CASE II. Mr. A. J., æt. 18, and of delicate organization, had been suffering with numerous small chancroid lucers of the glans for three months, with the appearance usually charac-

teristic of nitric acid. I subjected him to the same treatment as the preceding case, and in two weeks he was so nearly well that he was dismissed without further medication.—*Ibid.*

CHOREA.

BY

T. C. WILLIAMS, M.D.

Philadelphia.

A young girl about 15 years of age, had been complaining of involuntary and irregular movements of the muscles for three or four months before I saw her. She had had all kinds of treatment and chalybeates of many schools, and even from no school, and now had come to me a most horrible picture of humanity. Her whole trunk, her facial muscles, and all her limbs kept a continous dancing movement, so that she was unable to eat, walk or lie. She was finally given up by her physicians and friends to die. To this, though she had suffered long, she would not submit. Remembering that this disease often occurs before puberty, we would not give her up to this sad fate.

Among the many remedies used in this disease, we selected Zincum sulphuricum²⁰⁰, and gave no other. We gave it at first two or three hours apart. She commenced to improve; and after ten or fifteen days more we gave it twice in twenty-four hours. She still continued to improve, and after four or five weeks we gave it once in twenty-four. She is now after a lapse of six months, well and able to attend to her business in a carpet factory, where she is compelled control her movements, and is normal as to her periodical change.—*Ibid.*

STRYCHNINE IN SUBACUTE MYELITIS.

BY

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Chicago.

I propose to narrate a case of subacute myelitis which is destined to become historical in both schools of medicine.

Mr. P——, a gentleman about fifty years of age, who several years ago had a slight attack of paralysis which was treated successfully with *Nux vomica* by my brother, Dr. P. H. Hale, of this city, is the subject of the case.

In the fall of 1879, Mr. P——, feeling he had been overworked the preceding summer, resolved to spend the winter in the South. He accordingly visited the Hot Springs of Arkansas, Texas, Florida, and the Gulf States. He did not seem to recuperate as much as he supposed he would, and on the approach of warm weather, he came North, stopping in the city of Washington.

Here he went sight-seeing a good deal, and one day, after several long walks, visited the House of Representatives and Senate, and sat several hours on stone or marble.

When he arose to go to his hotel, he noticed a heaviness and numbness of the legs. After reaching the hotel, he had a chill, followed by fever, pain in the back, and increased numbness in the legs, which rapidly extended upward until the whole body, arms, face, and head became involved. Dr. Verdi was called, and very properly placed him on *Aconite*, under the use of which the fever subsided, but the paresis was not ameliorated. Dr. Verdi advised him to return to Chicago, and placed him upon the use of *Nux vomica*.

He came home to this city, and called in an irregular and uneducated person, who used electricity.

Under the action of this agent he grew worse, as might be expected; for electricity, even in the most scientific hands, can only aggravate acute myelitis.

At this juncture I was called and found him in the following condition: General numbness, stiffness, and formication of the whole body, with loss of normal motion in all the muscles. He could not turn in bed without assistance, and then only with great pain in the back, and he could not raise his hands to his head. His speech was very indistinct; facial expression like one under the influence of Alcohol or Gelsemium; eyelids drooping; upper lip apparently swollen; tongue protruded with difficulty, but not turned to one side; bowels sluggish; urine expelled with difficulty and heavily loaded with decomposing phosphates; pulse 90, large, full; temperature 100°; some anæsthesia of the skin all over the body. Having used Gelsemium 6 with success in similar cases, he was given that remedy, and under its use he improved in many respects, especially as to the feverishness and condition of the pulse. After it seemed to lose its curative action I prescribed *Arnica rad.* 2x, which relieved the *bruised* sensations on the part on which he was lying, and also the formication, and made him much more comfortable in many ways. He had now been under my care two weeks, and while he had improved it was evident that the myelitis had simply changed from acute to subacute. The blood-vessels in the spinal cord, instead of being *acutely* congested, were in a state of *passive* congestion—their coats relaxed from over-stimulation during the primary tension. There was not sufficient tonic in them to carry on a healthy normal circulation, and the *pressure* which their enlarged calibre made upon the surrounding nerve matter

was sufficient to keep up the general paralytic and paretic state.

Very naturally, the family as well as himself, became anxious on account of the slow improvement, and requested me to call in counsel one or more physicians who made diseases of the nervous system a specialty.

I requested the attendance of Dr. J. S. Jewell, and Dr. N. B. Delamater; the former a well known neurologist, author and teacher, in the allopathic school; the latter, a lecturer on mental and nervous diseases in the Chicago Homœopathic College.

Both, after a thorough examination of the case, confirmed my diagnosis given above. The treatment advised by both physicians was *homœopathic*, as I will explain further on, but the *remedies* were different. Dr. Jewell advised Strychnia in doses of one-sixtieth of a grain three times a day, increasing gradually till one-fortieth of a grain was reached. Dr. Delamater advised Oxalic acid 30. It is just here that I wish to explain why both remedies were homœopathic.

The primary effect of Strychnia is to cause an acute congestion of the motor tract of the spinal cord, and the recorded symptoms of that poison (*vide Allen's Encyc. of Mat. Med.*) has a marked resemblance to the symptoms exhibited by Mr. P—. I have experienced the milder grades of Strychnia poisoning myself, and observed its effects in many cases, and know that the numbness, cramps, stiffness, soreness, etc., are characteristic of its pathogenesis. It is true that in acute myelitis we do not often see tetanic spasms and hyperæsthesia, neither do we see those symptoms from mild cases of poisoning with Strychnia. In acute spinal meningitis we *do* get all the tetanic, spasmodic, and hyperæsthetic symptoms caused by Strychnia, but Strychnia may first cause congestion of parenchyma of

the cord, before it can cause congestion of the meninges.

Mr. P—'s case seemed to me to resemble a case of mild or subacute poisoning with Strychnia, which stopped just short of meningeal congestion or inflammation. He even had the contractions and jerkings of the muscles and tendons which usher in spasmodic symptoms of Strychnia.

But at the time of the consultation the symptoms had come to resemble very closely the secondary symptoms of Nux vomica, or Strychnia, for acute congestion and irritability had been replaced by torpor and paresis of the grey matter of the cord. I asked Dr. Jewell why he ventured to advise Strychnia, in opposition to the advice of Hammond, Hamilton, Rosenthal and others. He answered that his advice was based on personal experience, and from a belief that in the condition of passive stasis of the blood, owing to the paretic condition of the coats of the blood-vessels of the cord, Strychnia in small doses would act as a "stimulant" to the circulation, and thus restore the vessels to their normal tonicity. He admitted that he would not dare to prescribe even smaller doses of Strychnia in the first stages of the disease, for fear of aggravating the condition.

I am satisfied that the scientific homœopathic treatment of this case would have been the administration of Aconite 1x and Strychnia 30th during the first (primary) or acute inflammatory stage. But this patient had passed by the stage where highly attenuated Strychnia could do any good. The nerve centres of the motor and trophic tract of the cord had become *exhausted* from the over-stimulation of the primary congestion. Strychnia causes the same over-stimulation, followed by the same exhaustion and paresis.

Dr. Delamater's suggestion of Ox-

alic acid was a strictly homœopathic prescription; for that poison acts on the nerve centres of the cord, and causes primarily a paretic condition, preceded by some symptoms of irritation. He claims to have used it successfully in his large clinics, in many similar cases, with good results.

In this case, I decided to use Strychnia, for several reasons.

The patient was unusually intelligent and well-read, and was one of those persons who claim the right to decide for themselves. He asked Dr. Jewell to explain to him why he advised Strychnia, and how he expected it to act. He also knew very well that Strychnia and Nux were extensively used in paralysis. He inquired in relation to the experience with Oxalic acid, and I was forced to confess that its practical and successful use was very limited. I explained that both were homœopathic to his condition, the former by its secondary, the latter by its primary action.

He asked for a thorough trial of Strychnia first, to which I readily consented.

In relation to the dose, I selected it in accordance with the *law* which I have so often insisted on, namely:

Where the symptoms of the disease resemble the secondary effects of a medicine, that medicine must be given in the low attenuations or material doses.

Our school has almost ignored Strychnia, because of inability to understand how it could be given homœopathically in material doses; and all this time the allopathists have been making splendid cures with it, which we should have made, and appropriated the honor for our *law* and our *system*. The assertion made by many of our authorities, that we should use minute doses in all cases, *because in all diseases the susceptibility of the diseased system is increased*, is only true so far as *primary* symptoms

and conditions are concerned. In *secondary* states the reverse is the rule.

For example, patients with paresis and paralysis can take a great deal more Strychnia without feeling pathogenetic symptoms than can a healthy person.

In Mr. P.—'s case, I began with one-hundredth of a grain three times a day. The concomitant treatment was mild Faradization, and massage seemed necessary, for some of the muscles of the lower extremities had commenced to atrophy.

At the end of the week little or no improvement was manifest. The dose was raised to the one seventy-fifth of a grain, with small improvement at the expiration of the second week. The one-fiftieth of a grain was given for a week, when decided improvement set in, and continued for two weeks, when it ceased.

Dr. Jewell advised the one-thirtieth of a grain, and under its use rapid improvement set in again. At this juncture a suggestive accident occurred. A careless drug clerk prepared the Solution of Strychnia, so that the usual dose of a teaspoonful contained the one-fourth of a grain. After the second dose of this preparation, he became alarmed and sent for me, complaining that he experienced the same symptoms as at the beginning of his illness.

These symptoms lasted forty-eight hours, gradually decreasing until they passed away, leaving the condition no worse, but rather better than before the pathogenetic dose.

(This was confirmatory of the homœopathicity of the remedy.)

In conclusion, Mr. P.— steadily and rapidly improved until, after the eighth week of this treatment, he was able to ride out and attend to his regular business.

At the July meeting (1880) of the American Neurological Society, Dr

Jewell narrated this case, with several others of a similar character, cured by Strychnia. As this use of Strychnia was at variance with the usual treatment, it excited a good deal of heated and earnest discussion. It was evident that some of the members suspected the homœopathicity of the drug to the disease, and its action was explained as a "stimulant to the exhausted nerve centres;" but even granting that it acted as a stimulant (and possibly all homœopathic remedies acted in that way), the old school cannot escape the fact that Strychnia acted in these cases according to the law of *similia*.

I believe the day is fast approaching when they will be forced to admit the truth of our law of cure.

I also believe that it will not be long before our school will universally adopt my *law of dose*, as regulated by the primary and secondary action of drugs.

When this is admitted and acted upon, our therapeutical resources will be vastly increased, and we shall be much more successful in treating a large class of diseases.

It will also enable us to appropriate all the real cures made by the allopathic school, and thus destroy forever their dependence on the law of *contraria* as a law of cure.—*Ex.*

**PURPURA HÆMORRHAGICA; OR
MORBUS MACULOSUS WERL-
HOFFII.**

BY

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Easton, Penn.

A case of this disease, of a serious nature, occurred in the practice of Dr. A. Shough, in South Easton, in July last. Its history is as follows:

Mrs. J. F. S., a widow, æt. 60 years, had complained for several days before the doctor was called, of

lassitude, diminished appetite, and general malaise, followed by bleeding from the mouth and nostrils.

The symptoms present at his first visit, were paleness of the skin; an anxious, alarmed, and confused expression of countenance; bleeding very freely from the mouth and nose; tongue coated and covered with dark blood; phlyctenæ in the buccal cavity. Hamamelis 6th. in water, was given in teaspoonful doses, every half-hour for twelve hours, without effect. An alarming prostration of the patient, and an increase of the bleeding from the mouth and nose ensued, to which was added a discharge of dark, coagulable blood *per anum*, and hæmaturia.

A consultation was proposed and the reporter of the case was sent for. Joint examination showed the pulse to be 67 to 70; skin dry; tongue thickly coated with sordes and dark blood; blood oozing from its side and under surface, as well as from the gums and the whole epithelial or mucous lining of the mouth, palate, tonsils and fauces; three isolated phlyctenæ of the size of a large lima bean, resembling thrombi, on the right, and one on the left, inside of the cheek, which were very prominent and from which dark blood oozed freely. Blood was passed *per anum* without fœcal admixture; and the urine contained black, rather ropy blood, which constituted about three-fourths of its entire quantity; ecchymotic spots or petechiæ were very numerous on the upper and lower extremities, and were increasing in number. Phosphorus was given, but without effect, as we learned on visiting her the next morning, and all the symptoms had rather increased since our visit on the preceding evening. She now had no appetite; extreme prostration; fainting when raising the head; the pulse was unchanged. Terebinthina

6th cent., six pellets in a tumbler full of water, of which solution she was to receive a teaspoonful every half hour until visible improvement took place, then every hour or two hours. At our next visit we found the patient much better in every respect, and she made a speedy recovery.

The bleeding preceded the appearance of the ecchymoses on the lower extremities. On the hands and forearms they were observed on the first visit, and continued to increase.—*Ibid.*

NOTE.—In 1818, J. A., a young man æt. 22 years, had taken, at the recommendation of a layman, one teaspoonful of oleum terebinth., for a so-called rheumatic affection of the hip, which was followed by a severe burning sensation in the epigastric region, and copious hæmaturia with considerable stranguria, and small livid spots on the skin of the back and abdomen.

NEPHROTOMY.

BY

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Chicago, Ill.

Nephrotomy is most accurately defined as an operation in which a deep incision is made into the lumbar region, extending into the kidney or renal pelvis, in order to remove a calculus situated in these parts.

After careful consideration, together with a limited practical experience, I have but little hesitancy in expressing my conviction that, if a diagnosis has been made with scientific accuracy, which looks to an operation as a final remedial resort, it is not only justifiable, but directly in the line of the surgeon's duty.

The history of the operation is fragmentary. It is apparent, however, that a century ago it was brought into considerable prominence as one calculated to prolong and save life. Inasmuch as all the cases reported were such as had a demon-

strable tumor connected with the history, then, as now, the difficulty of diagnosis was really the objection to the performance of the operation. The literature of the present day is of such a character as to make it almost impossible to arrange with accuracy and satisfaction any statistical tables, or to institute proper comparisons with other operations. By some it is warmly commended; others say it never ought to be allowed to pass out of the anatomical theatre into surgical practice. From the sources that are trustworthy, out of twenty-four operations ten have been successful, and the patients have been reported cured. As to the justification of the operation, then, as little can be said against it as in ovariectomy, extirpation of the spleen, uterus, or colotomy.

The operation of nephrotomy is recommended in the following cases:

1. Nephrolithiasis. 2. Hydronephrosis. 3. Chronic abscess, chronic pyelitis, and pyonephrosis. 4. Cysts and cystic degeneration. 5. Traumatism involving the renal pelvis or ureter. The operation, as described in detail hereafter, is recommended only when either one of the above-named diseases has been accurately diagnosticated, and where there is convincing evidence that only one kidney is diseased. The following are the methods, the choice left the surgeon being dependent upon the nature of the disease and the condition of the parts. The patient is brought under the influence of an anæsthetic. If the left kidney is the one to be operated upon he is placed upon the right side. A pillow is made to furnish a support to the parts by placing it under the loins. He is then turned two-thirds over on his face. This position favors the finding of the outer margin of the quadratus lumborum muscle, which is to

be the guide in commencing the operation. Begin the incision one inch to the left of the spine, below the twelfth or last rib, and passing downwards and forwards parallel with the crest of the ilium about four or five inches in length. The integument, the superficial and deep fasciæ, oblique muscles, and transversalis fascia will have to be incised before the kidney is reached. Immediately upon exposure of the organ, ascertain, by the sense of touch—palpitation or acupuncture—its exact condition. If it be found enlarged, fluctuation distinct, evacuate the contents by a canula thrust into the diseased kidney at the most attenuated exposed part. Subsequently explore the cavity with a probe or the finger, to ascertain the presence or absence of calculi. If present, enlarge the opening sufficient to allow of their extraction. The cavity is then to be thoroughly irrigated with warm carbolated water. The point of opening into the organ is to be brought up to the free margin of the external incision, and there fastened with silver-wire sutures; the external opening is then closed by interrupted sutures. Free drainage is to be maintained, and the treatment made to correspond to that of an abscess, since healing from the bottom and from within outward is desirable. The dressing and treatment are to be similar to that of other surgical cases. This operation may be modified according to circumstances, as seemed necessary in a case in which I operated and which is reported in detail in the *United States Medical Investigator*, May 15th, 1878. In this instance I found it necessary to introduce the hand within the cavity of the abdomen, to determine the extent of the fibrous adhesions and size of the kidney. I was obliged to enlarge the opening by making a crucial incision, owing to the great distension

of the renal organ. Finding it impossible to bring this organ to the external opening, the sacculated kidney was emptied of its contents by an incision and postural changes of the patient.

The operation, as performed by T. Smith, is to make a long incision at the anterior border of the erector spinæ muscle, extending downwards four inches from the lower margin of the last rib. This incision is cautiously deepened until the finger can be placed upon the hilus of the kidney, when, if thought proper, the organ can be laid open. In this operation there is very little risk of exciting peritonitis, or danger from urinary infiltration. I can recommend this operation where there is a probability of the surgeon having to remove or extirpate the organ, as it offers the easiest access to the renal artery and vein for their ligation.

Extirpation of the Kidney.—This operation is undertaken in cases more desperate, if possible, than any just mentioned, and where we find the kidney the seat of primary cancer or chronic abscess, involving the cortical substance and caused by some local inflammation in the parenchyma, or where some foreign substance has destroyed the organ to a point beyond possible usefulness, and where the system is threatened with purulent absorption. In justification of the operation it should be remembered that, out of twelve cases well authenticated, four have recovered, while serious complications in the other cases were regarded as equally potent in destroying the life of the patient.

I am willing to give it as my firm conviction that this bold operation on the part of the surgeon is warranted in wasting diseases, as, for example, Bright's disease, where pathologists will settle the diagnosis and

determine when but one kidney is involved.

As regards these operations, they, as a rule, are undertaken at a time when death has already claimed its victim, and so the surgeon's efforts have passed for nought. Should we be allowed to be governed, and to govern ourselves, in this operation as in others equally hazardous, by conservative measures, and to operate at the early moment, I am satisfied that we would be conservators rather than destroyers of life and health. It is well known that in the absence of one kidney the normal functions of the body are undisturbed, provided the remaining kidney be free from disease. This accommodation of the system to the severer losses it sometimes sustains makes it possible for these renal organs to be operated upon, and that too with the assurance of ridding the body of its diseased member, and restoring to a disturbed function healthy condition.—*Ibid.*

TO TERMINATE THE CHLOROFORM NARCOSIS.—A peculiar device is mentioned by Schirmer in the February number of the *Centralblatt f. Augenheilkunde*. He claims to have used it in his clinic for many years, and often succeeded in producing inspiratory movements when other means failed. He also employed it to induce rapid recovery, for instance in strabismus operations, in order to test the result. The method consists in irritating the nasal mucous membrane. It has long been known, at least to physiologists, that the fifth nerve retains its sensibility longer than any other part in narcosis, and that reflexes may be induced through this nerve when other irritations fail. Schirmer uses simply a rolled piece of paper, which he turns in the nose. In dangerous cases he dips the paper into ammonia.

DIAGNOSIS BETWEEN CYSTITIS OF THE NECK OF THE BLADDER AND PROSTATITIS, AND BETWEEN THE LATTER AND COWPERITIS.—*Le Concours Medical* (1880, p. 532) gives the following from Fournier:

Cystitis.

1. Characteristic vesicle tenesmus; frequent and imperious desire to urinate.
2. Micturition especially painful at the moment when the last drops of urine are passed.
3. Excretion of a dysenteric liquid mixed with pus and blood, at the last moment of urination; pure blood sometimes passed.
4. Simple perineal sensibility; irradiating pain toward the anus, less violent than in prostatitis.
5. Prostate normal.
6. No retention of urine.
7. Few or no general symptoms.

Prostatitis.

1. Vesicle tenesmus less marked; rectal tenesmus more noticeable; frequent urination not present.
3. Nothing of the kind observed.
4. Deep perineal pains (very severe, and increased on movement), defecation, etc.
5. To the rectal touch the prostatic tumor is perceptible; very tender, hard, etc.
6. Dysuria, retention of urine, etc.
7. General symptoms; fever, loss of appetite, pretty well marked.

Cowperitis is sometimes very hard to distinguish from prostatitis, because the two glands are so near together, and this is especially the case when the disease is somewhat advanced, the whole locality being swollen and phlegmonous. However, careful exploration will usually serve to distinguish the two affections. The passage of an acorn bougie will also serve to show the absence of pain in the neighborhood of the prostate. The course of cowperitis is also different. It shows itself as a phlegmonous tumor adherent to the bulb, limited to a point occupied by Cowper's glands, and having, at first, no connection with the canal of the urethra. The pus in cowperitis points very rapidly towards the perineum, and the vesical symptoms are so slight that some writers have denied the possibility of complete retention in cowperitis.—*Ibid.*

NEW TEST FOR TRICHINÆ.—A Holstein peasant, uninstructed in microscopical research, and not possessing the requisite instruments of precision, has devised for himself a new test for the presence of trichinæ in pork. When he killed a pig, he was careful to send a portion of it—a ham or a sausage—to his pastor, and then waited the consequences for fourteen days. If his pastor remained healthy, then he felt perfectly easy in his mind, and well assured that his pig fulfilled the requisite conditions of soundness of food, and he proceeded to dispose of it accordingly in his own family. This ingenious method of research has not been considered satisfactory by the district physician.—*British Medical Journal*.

THE BEST POSITION FOR WOMEN IN LABOR.—An exhaustive paper on this subject, by Dr. Geo. J. Engelmann, of St. Louis, is reported in the proceedings of the American Gynecological Association. Among other historical facts, the doctor tells us that "Only in Siam are women kept in recumbent position, flat on the back, the rarest of all positions during labor." The author concludes "that the fully recumbent position on the back is inimical to safe and rapid labor." He believes we should advise that in early stages of labor the woman should be permitted to follow her own instinct with reference to position, and even in the last stages of labor she might be allowed to do the same, except perhaps with reference to some general directions, and for these he would say the semi-recumbent position in bed was the one best adapted to give her the greatest assistance.

LOCAL ANÆSTHESIA BY BROMIDE

OF ETHYL.—Terrillon (*Bull. Gen. de Therap.*, tome xcvi. No. 7) prefers this anæsthetic to ether for local use, (1) because it can be used without danger after dark, being noninflammable; (2) it has a very slight odor; (3) less is needed than when ether is used; (4) the wound is not irritated, and the pain after anæsthetization is less marked; (5) no ice-crust forms on the frozen spots; (6) the thermo-cautery can be used with ease in bromide-of-ethyl spray.

The tissues become frozen after two to three minutes. By the thermometer, the temperature falls at the same time to 15°. Bromide of ethyl has a specific gravity of 1.40, boils at 40.7° C. (105.2° F.), is easy to prepare, and very stable. Terrillon has used it in numerous cases with the best results.

POISONING BY THE SEEDS OF THE RICINUS COMMUNIS.—M. Lugeol (*Bord. Med.; Bull. Gen. de Therap.*, 1880, p. 431) calls attention to the danger of poisoning by the seeds of the ricinus. These, he says, are of an agreeable taste. A woman took, at three o'clock in the afternoon, six seeds. In the middle of the night she was awakened by vomiting, with violent colic, accompanied by choleric diarrhœa. The symptoms were exactly those of an attack of cholera morbus,—eyes sunken, pulse feeble, cold skin, muscular cramps, with extreme pain.

A. R. BARTLETT, M.D., died at his home in Aurora, Ill., last week. Dr. Bartlett has been a member of the American Institute since 1857. He was a genial friend, an honored citizen and a cultivated physician.

THE
AMERICAN HOMŒOPATH.

*A Monthly Journal of Medical, Surgical
and Sanitary Science.*

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Our columns will always be open to a courteous and fair discussion of all subjects connected with our practice, as much as our space allows; but we do not hold ourselves responsible for the opinions of our contributors, unless indorsed in our editorials.

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A. L. CHATTERTON PUBLISHING CO.,

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CORRESPONDENCE.

VACCINATION.

Editor of THE AMERICAN HOMŒOPATH:

DEAR DOCTOR.—It may not be wholly inappropriate at this time, when there is the periodical small-pox scare prevailing in New York, and vaccination is so generally urged upon all as the only and sure panacea capable of stamping out the disease, to lay before the profession a few statistics, which may cause many of us to hesitate before we subscribe to the doctrine that vaccination ought to be urged upon the public indiscriminately. There seems to be certainly another and very plausible side to the question.

I therefore send you these statistics

taken from public documents, and hope you will give them a place in your journal, in order that others may judge of their value.

Fraternally, D. M. K.

The following statistics are taken from the Registrar-General's return, and were compiled by Dr. C. L. Pearce. Vaccination was made compulsory by an act of Parliament in the year 1853, again in 1867, and still more stringent in 1871. Since 1853 we have had three epidemics of small-pox, each being more severe than the one preceding. The first epidemic was in the years 1857-'58-'59, when the deaths were 14,244. The second was in 1863-'64-'65, when the deaths were 20,039. The third was in 1870-'71-'72, when the deaths were 44,840. The increase of population from the first to the second epidemic was 7%. The increase of small-pox in the same period was nearly 50%. The increase of population from the second to the third epidemic was 10%. The increase of small-pox in the same period was nearly 120%. The death-rate from small-pox in the first ten years after the enforcement of vaccination, from 1854 to 1863, was 33,515. In the second ten years, from 1864 to 1873, it was 70,458. These startling figures need no comment. The latest Parliamentary return, entitled "Vaccination Mortality," No. 433, session 1877, published by the Registrar-General, shows the average number of deaths per annum of infants under one year, from fifteen specified diseases, which are inoculable or intensified, as follows: Prior to the Vaccination act, there died in the year 1847, 62,619 infants out of a population of 17,927,609. In 1854 there died 73,000 infants. In 1867 there died 92,827 out of a population of 20,066,224. In 1868, 96,282 infants died. In 1873,

106,173 infants died out of a population of 22,712,266.

Thus, while the population of England had increased from 18,000,000 to 23,000,000, the deaths of infants from fifteen diseases had risen in the same period from 63,000 to 106,000 ! Had the mortality kept pace with the population, the deaths in 1875 would have been only 80,000; that is to say, in 1875 there perished in England 26,000 infants who would have lived had vaccination been as little in vogue as in 1847 !

Out of 80,000 small-pox cases given in this return, 43,000 were under five years of age, when vaccination (enforced by law) is held to afford absolute protection. It must also be observed that this alarming increase of infant mortality is concurrent with improved dwelling houses, better water supply, the erection of baths and wash-houses, the opening of public parks and gardens in all large centres of population, and the expenditure (since vaccination was made compulsory) of £120,000,000 sterling in sanitary works. During my recent visit to the United States I made every effort to obtain statistics as to the results of vaccination, but was invariably told that none are kept by the city Boards of Health. A member of the New York Medical Society told me he had heard of so many cases of injury arising from vaccination that the subject must inevitably come up sooner or later for the searching inquiry. That bovine vaccination, both in New York city and in Philadelphia, has so completely failed to arrest and mitigate small-pox, as arm to arm vaccination in England, is shown by the fact that the last epidemics, after half a century of persistent vaccination, were among the most fatal ever known in these cities.

The London *Lancet* reported that the outbreak in 1872 carried off 300

per week in New York city alone.

Professor Robert A. Gunn, of New York, who has given this subject great attention, says: that immediately preceding the last eruption of small-pox in that city—I think in 1874—the Board of Health issued a report to the effect that New York was thoroughly vaccinated and small-pox eradicated. A recent number of the Boston *Herald*, containing a lengthy editorial on vaccination, says: that in view of the reappearance of this disease in that State the discussion of this important subject is not ill-timed. It is manifest, therefore, that the New York Anti-Vaccination League, at the inauguration of which I had the honor of being present, was not established too soon. It seems to me highly probable that, owing to a less careful administration of the vaccine service in America and the use of virus which has undergone no watchful Government official inspection, as is the case here, the fatalities arising out of this mischievous medical superstition, though exceeding 26,000 annually in England, as shown in the Parliamentary return I have quoted, are still greater in America.

At the request of the Memorial Committee we publish their circular, which we trust will be amply responded to by all believers in Homœopathy as a mark of gratitude to the pioneer who introduced the principles of our school in America.

PHILADELPHIA, January 1st, 1881.

At the "Hering Memorial Meeting" held in Philadelphia on the tenth day of last October, at the same hour that similar Memorial Meetings were held in the chief cities of the United States and of Europe, it was unanimously resolved to collect the various speeches and eulogies delivered at these meetings into a volume, under the title of "The Hering Memorial," which should serve not only as an expression of the veneration and affection in which we hold the memory of our great colleague, but also as a monument to his surpassing excellence as a man and

physician, more enduring than any structure in bronze or stone, and one, which, we are sure, would be in accord with his own wishes.

The undersigned, literary executors of Dr. Hering, were appointed to edit this Memorial volume for which the materials are already in hand, and are merely awaiting the necessary funds for publication.

The Rev. Dr. Furness has kindly consented to write a short Memoir of his old friend, and this, with the material before mentioned and various papers furnished by eminent physicians and by personal friends, will make a volume of several hundred pages, which cannot but prove of great professional and historical value, and at the same time its contents will be sufficiently varied, to prove attractive to general readers, even for the few minutes they are awaiting attention in the physician's office. The book will be handsomely bound and illustrated.

In order to accomplish this object, you are asked to send to any one of the undersigned, whatsoever sum you may find it a pleasure to give towards the publication of this book, in memory of one who gave freely of all he had to his beloved Homœopathy.

To all contributors to the publication fund, a copy of the book will be sent.

Messrs Boericke & Tafel, have kindly consented to attend, without remuneration, to the distribution of the volumes; the artist furnishes the drawings as his contribution; there remains, therefore, as the sole expense of the book, the cost of paper, engraving, printing and binding. Whatever sum remains after paying these four items, will be presented to Mrs. Hering in the name of all the subscribers, of whose names a printed list will accompany each volume.

Yours Respectfully,

C. G. RAUE, M.D., 121 North Tenth Street.

C. B. KNERR, M.D., 112 North Twelfth Street.

C. MOHR, M.D., 555 North Sixteenth Street.

INFANTILE CONSTIPATION.

CLINIC OF PROF. JACOBI, APRIL 14, 1880.

New York City.

How old is this child? "Three months." What is the trouble? "Its bowels move eight or ten times a day." Only a little at a time? "Yes, only a little bit."

I show you here, in this napkin, a collection of these bits of fæces which the child is passing continu-

ally, the mother says as often as eight or ten times a day, but it is not probable that it is so frequent. You see that the color of the fæces is about normal, but that they are deficient in moisture. They are dry and somewhat friable. If I break open a piece I shall find it a little white inside. No, it is very little changed in color from the outside, only a little whitish within.

The passages of young babies are never normally like this. They are of about the same color, but semi-solid. There is evidently here a lack of moisture, which may possibly arise from an insufficient secretion on the part of the intestinal glands. It may, however, arise from other causes. It was, I think, in 1869 that I alluded, in my writings (*Journal of Obstetrics*, August, 1869) to a peculiar anatomical condition occasionally existing in the bowels of new-born or young infants. It had been recognized before, by a few anatomists, that the intestinal tract is different in the young from what it is in the old. The colon is very much larger and longer, in proportion, in the child, than it is in the adult, and this peculiar condition often remains up to the age of five or six years. The child may have two or even three sigmoid flexures, or the real sigmoid flexure may not be found on the left side, but on the right. It has occurred that the colon has been on the right side and not on the left, in those cases of imperforate anus where the operation has failed to discover the sigmoid flexure on the left side. In the passages of the young, where the peristaltic action of the bowel is normal and the colon of the usual proportion, the passages will not dry out; but where the flexure is long, or where there are two or three of them, the fæces will dry out, as in the case before you.

In the fœtus and new-born the secretions of the intestines are very copious. There is a great deal of mucus and epithelium, which may become very hard and compressed—to such an amount, indeed, as to constitute actual obstruction. I remember one such case in my own practice, where constipation existed, accompanied by vomiting and other symptoms of complete obstruction. Water was injected in large quantities; air was blown into the intestine, and carbonic acid gas also, by means of an apparatus prepared for the purpose, but all to no avail. At last symptoms of regurgitation took place, peritonitis set in, and the child died. I made a post-mortem examination, and found that the condition was like this which I have mentioned. There were three sigmoid flexures, and in one of them an accumulation of epithelium, mucus, and fœces had taken place, which was so hard that my probe passed through the mass with difficulty. Not long after I was called to a similar case, and treated it in the same way, but without avail. I saw the case in consultation, and not liking to be caught in the same scrape again, was prepared to operate, when late one night my door bell rang, and the physician in charge of the case came in and said, “Doctor, the child has had a passage.” The child had passed a mass of mucus and epithelium, and finally got well. There have occurred to me a number of cases like this in children, that cannot be explained in any other way than by the fact that there were two or three sigmoid flexures, one on top of the other, and impeding the free passage of the fœces.

When you are called to such a case, where you suspect such a state of things, you are to regulate the diet so that there may be an abundance of water in the food. In fact,

it is always better to have too much water in an infant's food than too little. In the choice of food, do not give tapioca, rice, potatoes, or even barley, which is my favorite child's food, but give oatmeal in preference.

Purgatives ought not to be given except in very urgent cases; they will not act without great pain. You cannot do without injections, and from these you will derive great benefit. You may be compelled to use them for months and years. Remember that the constipation is anatomical, and hence may not disappear until the cause has disappeared, and this peculiar condition may exist even up to the fifth year. You may give an enema every day, not of soap and water or salt and water, but simply wash out the intestine with pure warm water, and wait until nature restores to the intestinal canal its proper proportion. Not until then will the trouble disappear, for it is based on anatomical peculiarities. Oftentimes the accumulation of fœces in these flexures will give rise to dulness on percussion on that side. It is so in this case.

In a number of cases the constipation was so obstinate that I had to scoop out the rectum repeatedly. Have patience, inject day after day, and you will succeed when the time comes for a condition of the colon descendens, such as is met with in more advanced age.

Another cause of constipation like this may be that there is an insufficient physiological action of the muscular layer of the intestine. This may occur where it is not sufficiently developed, as in feeble children. In another class of children this constipation does not appear until from six months to one year after birth, and then from being perfectly regular they become obstinately constipated. In

this class of children the muscles of voluntary motion, as well as of the intestine, become diminished in power; they are rachitic children. The symptoms of rachitis need not be developed at first in the bones. Rachitis is not always a disease of the bones primarily. It is a disease of the general system, and there are a number of children in whom the first symptom of rachitis is that of obstinate constipation; the worst cases are often those which commence with obstinate constipation. In these cases, where they occur as early as the second or third month, you will often find softening of the bones of the cranium, and the peculiar diaphragmatic groove. The child is often fat and vigorous looking up to the age of two or three months. Then, if obstinate constipation sets in, it is pretty safe to look for rachitis; and these cases are often, as I have before mentioned, the worst cases of rachitis, ending with effusion within the cranium, hydrocephalic symptoms, and sometimes death. You will not find these forms of constipation mentioned in the books; and should opportunity permit, I shall be glad to take the subject up again.

SLIGHT LACERATION OF THE PERINEUM.

Under this title, Dr. G. H. Lyman, in a paper published in the *Boston Medical and Surgical Journal*, gives his views of the importance of this accident in parturition. After speaking of the office which the perineal body fills in supporting the organs of the pelvis, the writer says that not one single line of this support can be removed without injurious results. He has never seen union by first intention of perineal laceration, no matter how slight it may be. Slight lacerations do sometimes close up by the slow process of granulation; but a

certain amount of cicatrization results, and this very cicatrix is the seat of much subsequent discomfort and the cause of great harm, reflex neuralgias and morbid mental phenomena being among the results. To anticipate all this, the writer advises a careful inspection of the perineum in every case immediately after delivery, and if laceration is found, even if it be very slight, to close it with sutures. This is quickly done, and, because of the benumbed condition, the operation is almost painless. These are the views of many gynæcologists of the day, but we think they are not of universal application. Every obstetrician must know of instances of a greater or less laceration suffered years before, which absolutely remained without injurious results. It is undoubtedly true that many women are unpleasantly affected by even slight lacerations of the perineum; it is also significant that they suffer more after their attention has been drawn to the injury. We subscribe to the views of Dr. Lyman as to the importance of inspecting the perineum immediately after delivery, and add that the husband should be advised of the exact condition of the perineum; in this way the force of the nurse's meddlesomeness will be greatly lessened when she tells her patient the following day how fearfully she is torn. The question of immediate closure should be decided for each case. We should not subject the woman to the pain incident to sewing up a tear which involved no more than the anterior half-inch of the perineal body; believing that the irrigation twice daily of the vagina with chlorinated soda-water will almost surely be followed by a rapid closure of such a tear and with no bad results. A deeper tear than this we would attempt to close immediately, although once in four times no union

has resulted in the experience of the writer, and a secondary operation was required. Let no one deceive himself and patient, however, with the notion that the parts are so benumbed that the stitching will be almost painless. The result of experience is greatly at variance with this statement. The recently delivered woman who has suffered a laceration of even slight degree can hardly endure the contact of the examiner's finger; she wants to be let alone, and is in no frame of mind or condition of body to have her discomfort increased by the introduction of sutures. Let the attendant look at this matter boldly and ask himself the question: Has this woman sufficient fortitude to endure the operation? If so, proceed at once; but we believe such instances extremely rare. Usually we administer ether to the surgical degree and proceed in the operation with all the moderation desirable. The vaginal irrigations should be kept up and the silver sutures removed on the tenth day. The most important part of the whole question of laceration of the perineum relates to prevention of the accident. We believe that, under skilful management, the perineum in many cases may be protected from injury.

THE POISON-HABIT.

But, under all circumstances, make a firm stand against the poison-habit. It is best to call things by their right names. The effect upon the animal economy of every stimulant is strictly that of poison, and every poison becomes a stimulant. There is no bane in the South American swamps, no virulent compound in the North American drug stores—chemistry knows no

deadliest poison—whose gradual and persistent obtrusion on the human organism will not create an unnatural craving after a repetition of the lethal dose, a morbid appetency in every way analogous to the hankering of the toper after his favorite tipples. Swallow a tablespoonful of laudanum or a few grains of arsenious acid every night; at first your physical conscience protests by every means in its power; nausea, gripes, gastric spasms and nervous headaches warn you again and again; the struggle of the digestive organs against the fell intruder convulses your whole system. But you continue the dose, and Nature, true to her highest law to preserve life at any price, finally adapts herself to an abnormal condition—adapts your system to the poison at whatever cost of health, strength and happiness. Your body becomes an opium-machine, an arsenic-mill, a physiological engine moved by poison and performing its vital functions only under the spur of the unnatural stimulus. But by and by the jaded system fails to respond to the spur, your strength gives way, and, alarmed at the symptoms of rapid *deliquium*, you resolve to remedy the evil by removing the cause. You try to renounce stimulation, and rely once more on the unaided strength of the *vis vite*. But that strength is almost exhausted. The oil that should have fed the flame of life has been wasted on a health-consuming fire. Before you can regain strength and happiness your system must *readapt* itself to the normal condition, and the difficulty of that rearrangement will be proportioned to the degree of the present disarrangement; the further you have strayed from Nature, the longer it will take you to retrace your steps.—From “Physical Education,” by Dr. Felix L. Oswald, in *Popular Science Monthly* for February.

CALENDULA.

BY

C. CARLETON SMITH, M.D.

Philadelphia.

The calendula officinalis, or marsh marigold is endowed with the specific power of preventing or largely diminishing, suppuration in cases of mechanical injuries.

It is the homœopathic topical remedy in all incised and in all lacerated wounds, and in every case where I have used it according to its indications, it has done its work promptly and satisfactorily, leaving nothing to be desired.

While Arnica stands head and shoulders above every other drug as the homœopathic remedy for injuries occasioned by blunt instruments, for bruises and contusions. Calendula is the specific for lacerated wounds, no matter how severe or extensive they may be.

I may say just here that it is a most remarkable fact, that many homœopathic physicians use Arnica as the specific in all local injuries, whatever the nature of these injuries may be; and hence they blunder most woefully, and in blundering, of course, fail to cure. Arnica is always out of place in wounds or injuries where the flesh has been torn asunder and the effect of this drug in such cases is to aggravate the suffering, and in many instances to induce erysipelatous inflammation which complicates the case and puts the life of the patient in jeopardy, especially in cases of injury involving the scalp.

Only a week ago a patient of mine aged about forty-seven, punctured the end of her left index finger, making a slight wound. The smarting it produced, caused her to apply to the wound the tincture of Arnica, and instantly a sharp pain shot up the arm into the axillary region across into the chest and down into the heart, pro-

ducing in that organ a fixed pain which was very acute and which caused her great alarm.

Calendula never has, at least in my experience, any such untoward effect. Its application is soothing from the first moment, and invariably, provided it is used from the first, prevents suppuration, or else reduces it to a few drops at the most. Even when used late in a case, and suppuration has been going on for some time, the part healing badly, Calendula will stop the suppurative process and the injury will soon heal kindly.

In severe lacerations where a large surface is involved, I employ this drug internally in an attenuated form, as well as locally, in the manner already described.

And now, in the way of illustration, let me call your attention to a few cases which have been under my care:

CASE I.—A lad, aged 7 years, running with great speed while at play, came in contact with the wheel of a wagon which was being driven toward him at a rapid rate. His forehead just above the orbital region on the left side came in contact with the tire and cut out, as clean as if done with a sharp knife, a piece of flesh of an elliptic shape, an inch and a quarter in length. I saw the sufferer in course of half an hour after the accident and found the bone completely denuded. Not being able to find the piece which was excised, I washed the wound carefully to divest it of all foreign matter, and then with a velvet sponge I covered the bone and the edges of the wound thoroughly with a solution of Calendula made by mixing a teaspoonful of pure tincture with a pint of tepid water, even squeezing a few drops into the wound before closing it. I then brought the tips carefully together and united them with three sutures of white sadler's silk. At the end of two days I

drew out the sutures carefully, found the parts healed thoroughly without any suppuration.

CASE II.—A young lad aged 6 years was playing in his father's stable. While in one of the stalls the horse that occupied it suddenly turned upon the boy, caught his upper lip between his teeth and bit out a portion about a half inch in width and the same in length, the wound extending upward.

I was immediately sent for, used the Calendula in the same way as in the former case, closed the edges of the wound with two fine silk sutures, and applied adhesive straps to make parts more secure. The injury was healed in three days perfectly, and this, notwithstanding the fact that the patient had a crying spell in the night, waking up from a delirious sleep which had the effect of tearing out one of the sutures. In a few months after this injury the seat of it could scarcely be discovered, and both the parents declare that their son's lip is much handsomer than it was before the accident.

CASE III.—A young mechanic had the middle finger caught in the cog-wheels of a machine which he was running. Before the member could be extricated a little more than half the first joint was taken off. I saw this patient immediately after the accident; the bone was protruding and a good deal of blood was being lost. With cutting forceps, I at once removed the protruding bone, cleansed the wound carefully and after thoroughly wetting the parts with Calendula drew the edges of the wound together over the end of the bone, applied adhesive plaster, and covered the whole with a linen binder, instructing the patient to keep the finger continually wet with Calendula solution. Without any further interference, the member healed nicely, a good stump was formed, and even a rudimentary

nail appeared, which very greatly improved the looks of the finger.

CASE IV.—This was an accident precisely similar to case 3, and in treating it I met with the same success. In this, however, no signs of a new nail appeared.

CASE V.—Just before this article was written a little boy 3 years of age had one of his little fingers caught in the cog wheels of a wringer just back of the nail, lacerating the flesh badly but not injuring the bone. The injury was dressed by an allopathic physician, and after three weeks the case was brought to me for examination as it did not seem to be healing properly. I removed the wrappings carefully, and found suppuration going on, and the lips of the wound standing apart bathed with pus. After cleansing the surfaces brought them in apposition, applied adhesive strips, and ordered a covering for the finger made of linen, and the finger to be kept constantly wet with the Calendula lotion. There was no further trouble.

REMARKS.—In the proving of this drug we find the following symptoms: wounds become *raw* and *inflamed*, and also become *painful* as if *beaten*, with *stinging* as if suppuration would ensue. The parts around the wound become *red*.

Great tendency to start, with great nervousness.

Restless night with constant waking, frequent drinking and uneasiness in every position.

Feels as if falling from a height.

All these symptoms are exact counterparts of those we find in patients suffering from injuries and hence the Homœopathicity of the drug in question.—*Hom. Physician*.

“FEMALE WEAKNESSES.” — Dr. Clifton L. Wing, of Boston, has contributed a very suggestive paper to the effect that certain “methods” of

singing are a source of certain uterine troubles. In his paper he describes several cases in which he found displacements of the uterus, with disturbed menstruation and painful conditions of the pelvic region; and in all this group of patients there was the coincidence that they were pupils to vocal music practicing what singers understand as the "abdominal method."

The reading of Dr. Wing's article has been of great interest to us, and we are very much impressed with the force of its suggestions; we add one or two extracts from the paper to enforce its points:

Lately I have talked with a number of ladies, and have been surprised to find how many of those acquainted with the subject, on my mentioning the matter to them, have at once said that they had no doubt whatever that the method was often injurious. Several had attempted it themselves, and finding that they did not feel so well after it had given it up. Others knew of its bad effect upon friends. From one lady I got the following story: Five women were taking instruction from one teacher at the same time. One, previously well, gave out entirely, and was afterward treated for uterine displacement. A second, after four weeks of practice, began to have leucorrhœa and pain upon walking, symptoms she had never before had. In two others dysmenorrhœa made its appearance, when formerly menstruation had been painless. The fifth one—the only one of the five who went through the process without developing more or less of what are in general terms called "uterine symptoms"—became a good singer, and is now teaching the method to others.

NOTE.—Since the foregoing was written another instance, which is worth reporting has come under my

observation. In the course of my inquiries I was told by a patient that one of her lady friends—with whom it so happened that I was acquainted—knew all about the subject, having taken instruction in elocution (which, by the way, appears to have been "quite the rage" of late) in the course of which she was taught "*the proper method of abdominal respiration*," and she agreed to tell her that I wanted information about it. A few days later I met the lady on the street. She told me that my patient had spoken to her, and she kindly volunteered to call at my office at some future time and talk with me upon the subject, expressing herself as quite sure that my patients had not acquired the "right method," and that all their troubles were due to this fact. I saw nothing more of the lady until a few days ago, when, going to my office in the morning I found her awaiting me. Supposing, of course, that she had come to give me the desired information, I was very much surprised to hear that she wished to consult me professionally. She was a lady of unexceptional muscular strength, of which she was rather proud: was fond of gymnastic exercises, and had taken much interest in "abdominal breathing." This latter she had practiced quite assiduously in connection with her elocution. She had the mistaken notion—previously referred to—that it would tend to strengthen the "muscles which support the womb," and thus be rather a safeguard against future uterine trouble. The week previous she had practiced the method a certain length of time on four successive days, feeling on each occasion a "pulling in the back." The fifth day she became used up, and could not go through the exercise. Since that she had become sleepless and very nervous, and remembering her conversation with me

on the subject concluded to consult me at once. *I found marked pro-lapses of the womb, the cervix being very near the vulva.*

As the result of her experience the lady has changed her opinion, and intends to give up elocution and the "abdominal method."

SYMPTOMATOLOGY OF TUMORS OF THE MEDIASTINUM.—In an elaborate article on this subject, illustrated by several clinical histories of rare cases, Dr. A. Schreiber (*Deutsches Archiv für Klinische Medizin*, Bd. xxvii., 1880, p. 52) gives numerous points in symptomatology which are of considerable importance. Hertz, he reminds us, has said that the appearances presented by new formations of the mediastinum are entirely dependent upon their size, the rapidity with which they develop, their locality, and the pressure which they exert upon the important organs of the thoracic cavity, heart, lungs, trachea, and bronchi, the œsophagus, and particularly upon the larger vessels and certain portions of the nervous system. Small, soft tumors, adds Schreiber, hardly ever gave rise to pathological symptoms; the latter do not appear until the tumors have reached a certain size. One of the earliest complaints, difficulty of respiration, at first observed only after unusual exertion, later constant, and sometimes going on to dyspnœa or even orthopnœa, and possibly terminating in suffocation, is found to be due to compression of the trachea and bronchi, or rather of the recurrent vagus. This may give rise to a feeling of compression at a particular point in the neck. At the same time pain in the sternum, usually dull, but sometimes sharp and burning, and which may radiate into the neck and arm, is felt. The disturbances of the general condition which may occur

are various. Sleeplessness, usually dependent upon the difficulty of respiration, is one. Pleuritic effusion may prevent the patient from lying on the affected side or even lying in bed at all, as in the case of a patient of Fuller's, who was obliged to sleep kneeling, with his head on his hands, in a bed made especially for the purpose.

The temperature, which is sometimes increased, shows no typical range, and is probably dependent on some intercurrent disorder; it is not characteristic of the tumors. Loss of appetite and nutrition is at times noticed, probably as a result of the general condition; it is worse if associated with difficulty of swallowing. Attacks of syncope, dizziness, *muscæ volitantes*, etc., are due to unusual circulatory disturbance, and are not met with in most cases. Dry, irritating cough, with mucous or muco-purulent expectoration, occasionally mixed with blood, is among the most annoying symptoms of mediastinal tumor. It is due to compression of the recurrent nerve, which also may give rise to weakness of voice through relaxation of the vocal cords, and occasionally œdema of the glottis. Compression of the vagus sometimes causes difficulty in swallowing, hiccough, and vomiting. Occasionally these symptoms may be caused by direct compression of the œsophagus by the tumor. In a case reported by Todd this alone caused death.

With regard to external symptoms, the grayish-yellow complexion of the patient is characteristic. More important is the not infrequent occurrence of cyanosis. The pupils are sometimes asymmetrical or otherwise changed. Rossbach gives a case where pressure upon the middle part of the right supraclavicular region invariably caused sudden dilatation of

the pupils. Coolness of the extremities is often noticed, and œdema sometimes occurs. Strumous swellings are sometimes observed.

The respiratory sound is most weakened over the seat of the tumors, as are also the heart-sounds. The pulse is unusually small and frequent (100-136 in some cases). Enlargement of the glands are frequently observed.

The skin shows increased sweating, sudamina, etc. The mammæ of the affected side may be enlarged, usually being pushed out by the tumor, but venous obstruction may also give rise to such enlargement. Disturbances of sensation, as formication, etc., neuralgia, and paralysis, all due to pressure of the tumor on nerves, are rarer symptoms.

DIFFERENTIAL DIAGNOSIS OF TUMORS OF THE MEDIASTINUM.—Schreiber (*Deutsches Archiv f. Klin. Med.* Bd. xxvii. p. 66), in a paper on tumors of the mediastinum, a portion of which we have given above, says that these are to be distinguished from pericardial effusions, pleuritic exudations, aneurisms, partial infiltrations of the parenchyma of the lung, mediastinitis, and mediastinal abscesses. With reference to pericardial effusions, of course only chronic cases are to be considered. The usual fever accompanying these and also the area of dulness on percussion will serve to distinguish these as well as their clearly-defined limits. Articular rheumatism, Bright's disease, pyæmia, etc., are usually concomitant with pericardial effusion; the apex-beat of the heart is muffled, and a rubbing sound is heard. None of these phenomena occur in mediastinal tumors. The diagnosis is often extremely difficult, however. With reference to the differential diagnosis between mediastinal tumors and aortic aneurism, this

refers only to cases where the aneurism is of considerable size and presses against the anterior wall of the thorax—cases in which there is dulness under the sternum. Here the rarely perceptible resistance of the area of dulness when percussion is made, the visible or palpable pulsation, the usually systolic murmur, the retardation of the pulse in the peripheral arteries, serve to aid the diagnosis under ordinary circumstances. Now and then, however, unusual combinations of lesions may occur which cause great difficulties in diagnosis. Such are the effects of compression on the œsophagus, the larger veins, the recurrent nerve, etc. Also in cases where a firm tumor lies farther back and presses the aorta forward, giving rise to phenomena of pulsation. In one case cited by Schreiber it was impossible for two years, during which the patient was under observation, to find out whether or not an aortic aneurism was present. Pleuritic exudation can usually be distinguished without great difficulty; in case of doubt some fluid may be withdrawn by aspiration. Now and then the two conditions exist together, which adds greatly to the difficulties of diagnosis. Infiltration of the borders of the lungs is very rare, and may be distinguished from mediastinal tumor by careful percussion. Mediastinitis is usually accompanied by fever, etc., and the dulness on percussion is not often so decided.

Although, as has been shown, careful investigation will usually lead to a correct diagnosis of tumors of the mediastinum when uncomplicated, yet when these occur in connection with other troubles it is almost impossible at times to arrive at a satisfactory conclusion.

—A NEW IDEA ABOUT RECURRING GONORRHEA.—Dr. H. C. How-

ard, of Champaign, Illinois, has recently had a series of cases in which gonorrhœa had been communicated by the husband to the wife, and cured in both, but repeatedly returned in the case of the husband, although he had not been improperly exposed. Careful examination of the female showed that the disease had persisted in the little glands of the female urethra, first described by Dr. A. J. C. Skene, of Brooklyn (*American Journal of Obstetrics*, April, 1880). Dr. Howard, believing that these little glands were continuing to pour out true gonorrhœal pus, although the patient presented no other evidence of the disease, and that this pus had produced recurrent gonorrhœa in the male, directed his treatment to them. In each case the discharge disappeared permanently under this treatment, and the disease in the male now having been cured, did not return. Dr. Skene, in his original paper, expresses the opinion that in the cases which he had observed, the inflammation was caused by gonorrhœa, which persisted in the glands long after the original trace of the disease had disappeared. Dr. Howard seems to have been the first to note this condition as a cause of gonorrhœa recurring as often as cured in the male. His observation is important as showing that the female may communicate the disease long after it would previously have been pronounced cured.—*Chicago Med. Review*.

LACTOPEPTINE.

Mrs A., aged sixty-seven, has been troubled with dyspepsia for a year or more; within the past three months various remedies have been tried with-

out permanent relief. Three weeks ago, Lactopeptine (a powder of five grains after each meal) was prescribed for one week; since that time no trouble has been experienced, and the patient expresses herself as feeling better than she has before for two years.—*New England Medical Gazette*.

NERVE-STRETCHING IN TABES DORSALIS.—Eulenmeyer adds a third successful case to those of Langenbuch and Esmarch (*Cbl. f. Chir.*; from *Cbl. f. Nervenheilk.*, 1880, No. 21). While the two latter surgeons resorted to this procedure because of the severe pain, Eulenmeyer performed the operation with a view to cure the ataxia, a result which Langenbuch and Esmarch accidentally found to follow nerve-stretching in their cases. His patient was a man of thirty-nine with well developed tabes. The ischiatic nerves on each side were stretched through incisions made in the ischiatic notch. The result was not altogether satisfactory; the patient was enabled to stand, which previously he had not been able to do, but the ataxia remained the same. Eulenmeyer thinks this may have been because the nerves were not stretched enough.

TARSAL TUMORS TREATED BY ELECTROLYSIS.—BY JULIUS ALTHAUS, M.D.

(Synopsised from *London Lancet*)

In February, 1880, Mr. White Cooper sent me a lady, aged 30, suffering from tarsal tumors, occupying nearly

the whole of both upper eyelids, and recommended electrolysis. The conjunctiva being involved and very sensitive, Mr. Clover induced anæsthesia by his mixture. I then applied both poles of the voltaic battery by means of my four-pointed electrolytic needle conductors alternately to both tumors, so that each of them received the influence of the cathode and anode successively. Twenty cells of the Becker-Muirhead battery were used for ten minutes, after which the whole of the tumors, both inside and outside, appeared completely shriveled up. Not a drop of blood was lost, although the subconjunctival portions of the tumor were highly vascular. The surface of the lids was covered by goldbeater's skin and flexile colodion. When seen a month later, the tumors had entirely vanished; no scar was visible anywhere, and no eversion of the lids had occurred.

NEW AND ABUNDANT SOURCE OF CURARE.*—A new and important source of curare has recently been brought to light by Couty and De Lacerda, and communicated to the Paris Academy. The authors were studying the genus *Strychnos* in South America when they found that a rather common plant in the neighborhood of Rio Janerio, *Strychnos triplinervia* (Martins), yielded an extract (both to water and spirit) having all the characters of curara, but somewhat less powerful. It is a non-climbing shrub, with glabrous leaves, triplinervated, inflorescence in cyme, abundant flowers, lobes of calyx lanceolated, cor-

olla tubulated, etc. The extracts obtained with cold water, hot water, or spirit are less toxic than the curare of the Indians, but possess all its properties. Those obtained from the bark, either of the stem or root, are the most active. The experiments were made on pigeons, guinea pigs, frogs and dogs: all these animals presented (1st) complete paralysis of the motion of the limbs; (2) arrest of respiration, the cardio-vascular functions remaining intact; (3) the motor-nerves gradually lost their excitability, and with stronger doses the pneumogastric lost its influence. The lesser activity of the product of *Strychnos triplinervia* has enabled the authors to follow easily the various phases of curarisation established by Claude Bernard.

ITEMS.

L. E. OBER, M.D., lies very ill with cancer of the stomach at his home in La Crosse, Wis. He is advanced in years, and but little hope is entertained of his recovery.

NEW YORK STATE Homœopathic Asylum for the Insane is in highly satisfactory condition. The officers re-elected are: Fletcher Harper, President; Dr. H. S. Talcott, Medical Director; Dr. Wm. M. Butler, First Assistant Physician; Dr. C. S. Kinney, Second Assistant Physician, etc. Building No. 3, for which \$150,000 was appropriated, will be completed soon, and cost within the amount appropriated. Three hundred and eleven patients were treated during the year; 4.18 per cent died, and 46.56 per cent. recovered.

* *Journal of Medicine and Dosimetric Therapeutics*, No. 6.

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MALIGNANT PUSTULE.

BY

J. B. ELLIOTT, M.D.,

Brooklyn, N. Y.

There is probably no other disease of which so little is said in standard medical works, or of which so little is really known, even by medical men, as malignant pustule. It is not of common occurrence, and may not be met in the life time experience of many physicians, while others, as like myself, may have seen and treated it in several instances. Without definitely known causes the affection appears in certain seasons and localities, but even then to an apparently limited extent. Some twenty years ago I saw my first case in Brooklyn, and within a few years thereafter several others singularly came into my hands for treatment, but I do not now remember to have seen or heard of another instance in this vicinity for the last ten years. It generally

proves fatal under all the old methods of treatment, except surgical, which as an early resort in the disease has sometimes proved effectual. But the attack, in fact, is so insidious and gradual for the first two or three days, that its real malignity may not be suspected or observed by patient or physician until alarmingly developed and beyond even surgical help.

It commences in a small elevation or dented pimple not larger than a mustard seed upon the skin, generally of the face, and in nearly every case, that I have seen, upon the under lip, about one-eighth or one-quarter of an inch below its edge. From this small pimple, usually with a black point or dot in its centre, there soon spreads a dark red inflammation, with increase in size and hardness of surrounding tissues, and which is accompanied by local pain of a peculiar stinging, burning, itching character. General constitutional disturbance soon follows with loss of appetite, sleeplessness, increasing anxiety, early apprehension of danger and a

constant restless, nervous condition most distressing to witness. The patient's attention is directed to the irritating pimple; he tries scratching it, but that is painful and unsatisfactory, and then starts off in new agitation and despair. From this stage onward the natural progress of the disease is increasingly rapid toward the fatal issue, which occurs about the eighth day. The inflammation and hardness go on increasing, with no tendency to suppuration or other relief, until with great swelling and distorted features the case terminates in exhaustion, gangrene, and death. The mind and intellect usually remain clear to the last. The first patient I was called to see was a man of about forty years, a mechanic and builder of naturally good constitution, strong, hearty and generally well until now. He had been sick about seven days before I saw him, when the disease had nearly reached its fatal point. His physician, a skillful and experienced disciple of the old school, as well as of gentlemanly demeanor, had consented to meet me in a friendly way, but too late, of course, to render medical assistance. Exhaustion had become so complete that the restless condition and all suffering had ceased. The intellect remained clear, the patient being perfectly conscious and resigned to his fate, in the end, now closely approaching. But to the family and friends, familiar with his natural features, the change wrought by the disease was painfully apparent and repulsive. The entire lower lip and nearly one side of the face and neck, involving cellular, muscular and glandular tissues, together with the tongue were greatly swollen, the lip turned over on to the chin, the tongue pushed largely out of the mouth, and the whole one hardened, shapeless gangrened mass, with but

little defined outline where the dead joined the living, but all dark, inexpressive and immoveable.

Within two hours of his death the patient, unable to speak or articulate, communicated with his physician and family by means of a slate and pencil given to him for that purpose. This is probably a very fair picture of the disease generally, where unchecked, it goes on to a fatal termination.

Not long after the case above mentioned, I was called to see another in an early stage, third day, of development. A young man of twenty-two, in mercantile pursuits, strong, healthy and robust, and of good family, was the subject. It should be stated that I have never met, or known of, this disease in a *poor* constitution, or in one of the so-called scrofulous or other bad taints in the blood. This patient had just returned home from a business trip of a few days absence, fretful, tired and dreadfully nervous, wanting rest and sleep, but unable to get either.

Late in the day when I saw him, his cry was for something to quiet and make him sleep that night. All of his bad feelings were enumerated, but not until the last was my attention called to the little annoying pimple on his lip. At a glance the true difficulty was now apparent, and in due time the family quietly informed of the true nature and alarming aspect of the case, but were unprepared for and probably somewhat incredulous at my statement. The question now arose, what is to be done for the patient? My own time of trial had come. It was the first case presented for treatment early in my homœopathic experience, and although a firmly growing believer in the new law of cure, the question would arise can relief be expected from it in this formidable emergency. The family were frankly told of the uncertainty

of any treatment, but my belief of a chance in our system of saving the patient, and also possibly by a surgical removal if immediately resorted to. A consultation resulted in their vote to call the "old family" doctor, who came, afterward brought another with him, and then still another who was also eminent as a surgeon. In five days their subject was in a coffin too much distorted and disfigured in countenance by the ravages of the little pimple, to be seen or recognized by friends at the funeral.

Could I have done any worse than that? Might not something better be found? The resolution was made that another case of the kind in my hands should not escape a fair trial. Singularly enough I did not have to wait long for it to come. As may be supposed this experience set me to work in earnest upon the subject of blood poison diseases and upon this malignant thing in particular, which in later years proved to me of great service and satisfaction.

The important conclusion arrived at was that if suppuration could early be established, relief and safety would result. In fact the only hope must be in this change. We all know such a character of inflammation and hardening of tissues never terminates by resolution. The result must be a spreading destruction and death or suppuration, separation and casting off of the disorganized tissues. Which of these two changes shall happen?

Not long previous to this experience, while experimenting pretty freely with some of the higher attenuations of our remedies, including the 200 of Lehrman and others, some surprising effects had been observed upon my own person, that could not be misunderstood. Most prominent among these was that from the use of *Silicea* for a little boil in the nose, to which I

was formerly often subject. A single dose of five or six pellets upon the tongue had been taken, aggravating and increasing the inflammation, of which fact I was then unconscious. Hoping to hasten matters the dose was repeated, and then again, until before hardly aware of the cause I had the worst and biggest nose ever attained to before or since. So apparent now was the aggravation caused by the medicine taken that to confirm the fact, the dose was again repeated to note its effects, when, as soon as taken, the burning shock was felt in the nasal organ. In due time suppuration and a cure followed. Since that time I have known better than to repeat the dose and this trouble, now very seldom occurring, is nipped in the bud and scattered from the start. Two or three pellets of *Silicea* in the 200th dispel all inflammation within 24 hours. Immediate relief also follows its use, in this way, for styes and dental periostitis, but it must not be repeated for the same attack.

Well, what has all this to do with the malignant pustule? What, but the fact that when the pustule came, I thought of my nose experience. If the tissue of this organ was so sensitive to respond to that remedy, why not the similar tissue near the edge of the lip where the pustule prefers to locate? In reality the truth, affirmative of this proposition, was soon established. The immediate effect of the *Silicea* was to change the character of the inflammation from its natural dark color to a brighter and more active condition, and by it, the process of spreading, hardening and mortification was arrested, softening and suppuration induced and healthy action restored. Aside, however, from the clinical or experimental knowledge of the action of this remedy in these cases, its

pathogenesis is not full in meeting all the phenomena of the disease. To more fully satisfy this latter call, and especially to hasten the suppurative process, the *Silicea* dose has been followed by *Lachesis* 200 given in solution and repeated every two or three hours until the desired result was obtained; not without, however, in every case, a strong manifestation of contending forces in resisting the power and malignity of the attack, exhibited in the final casting off of the degenerated and disorganized tissues. In the course of two years, three cases occurred in one family of otherwise healthy adults, and in one of them I remember particularly the result of this savage action was to cut a large hole entirely through to the mouth, in the under lip just below its edge. A list, not now at hand, of a dozen or more of these cases, in the diagnosis of which there could be no reasonable doubt, has been, in my hands, thus successfully treated. As in the case just mentioned, however, the true malignity of the disease would in some degree manifest itself and cause anxiety in the process of cure, but the fact that no case was lost under this treatment should inspire confidence in the use of these remedies so prominently indicated in the general manifestations of the malady. But in our system and *law* of cure, no such success should preclude the diligent search for and use of other remedies perhaps more clearly indicated.* Upon

*The *Tarantula Cubani*, more recently brought into notice by our friend Jose J. Navarro, M.D., of Santiago de Cuba, should here be mentioned. In the treatment of carbuncular affections this agent has been remarkably successful. Its pathogenesis and local action more closely resemble the pustule, in development and progress, than any other remedy, and would doubtless prove a safe and perhaps, in most cases, a better agent than the serpent poisons for this disease.

this point I may mention an instance where, in a case of diphtheria, an unusual remedy never to my knowledge before employed in this disease, but indicated in a marked manner, was given and promptly cured the patient. Inability to swallow *liquids*, not solids, was the prominent symptom, *Hydrophobinum* the remedy. But in cases of malignant pustule, we cannot expect to meet many varying symptoms. I have found all my cases very much alike. That such an unusual number of them should have fallen to my lot is probably owing to the fact that the first occurred in my locality in prominent families, through which others were brought into my hands at a time when the disease here was prevalent. In this connection the fact may be mentioned that I have been called upon often to diagnose all sorts of pimples, with reference to this disease, but the difference is not difficult to determine by one who has seen the true pustule. In case of doubt or suspicion it is well, of course, to treat as if genuine. If there is any malignity in it we may be sure its true venom will be shown in some degree before we are through, which will be conclusive.

LYCOPODIUM IN AFTERNOON FEVER ACCOMPANIED BY VIO- LENT COUGH AND NAUSEA.

BY

C. L. J.

Petersburgh, Va.

Mrs. C— had typhoid fever of a very mild type; a harrassing cough being a prominent symptom. All the other symptoms pointed clearly to *Bryonia*, which was administered in

3x, 30 and 200, with very little improvement. Bell. and a few other remedies were tried with no better effect. At last the fever, which generally increased in the morning, and then at 1 P.M., had changed its character. The exacerbation took place regularly between 5 and 6 P.M. The cough, which during the whole day and night was absent, came on at that hour, was dry, very violent, harassing; a long spell accompanied, by retching, etc., for about five or ten minutes, ending in vomiting off a little watery fluid.

There was a little chilly feeling, then came violent heat, lasting till about 3 or 4 A.M., when the fever gradually diminished. The hour principally induced me to think of Lycop. True, Lyc. has *nausea*, also *cough*, but the cough is "*dry, day and night*," and *nausea* is not a prominent symptom; besides, "*constipation, distention of stomach and abdomen, much flatulence*," in fact, all the leading symptoms of Lyc. were absent. A very little flatus now and then was all, appetite and stools good and natural. Not finding, however, any other medicine agreeing with the Symptoms, and having so very few reliable indications, I prescribed Lyc. 30, teaspoonful every hour. The next evening only slight cough, slight fever, a little nausea, no vomiting; continued Lyc. 30. The second evening no cough, no fever, pulse and temperature normal. Convalescence set in, and speedy restoration of health and strength followed.

I afterwards had a few more cases of typhoid fever, which had that same peculiar type, *aggravation* within the hours 4 and 8, dry, harassing, violent spell of cough, nausea, gagging, retching, but *no* real vomiting, no constipation, etc., only in the afternoon as stated, and all yielded to Lyc. 30 very nicely.

MALARIA VERSUS BRAINS; OR SOIL FOR INTELLECT.

BY

GEORGE W. BOWEN, M.D.,

Fort Wayne, Ind.

Read before the Indiana Institute of Homœopathy,
at its last session at Indianapolis.

GENTLEMEN:—I have selected the above fanciful title for my paper in hopes it may cause some one to study up the subject here hinted at, so the question of location for promotion may be definitely settled; for none of us wish to raise a large family of children where it will be impossible to have them develop into intellectual giants, if not political stalwarts.

We are all aware that in some portions of our own country a larger per cent. of men become notorious for their superiority in some respect, or greater than in other parts of it. Now it is certainly worthy of analysis to find, if possible, the cause, if cause there be, for this variation.

To ascertain whether diet, climate, society, maternal influence, soil or circumstances have aught to do in their production, shall claim some of my attention in this paper.

After many years of careful study and a full survey of the field, the conclusion has been forced upon me, that the soil has the largest per centage standing to its credit, as being the producing cause; or rather, that a malarial climate prevents cerebral development and mental activity.

I do not offer this as an excuse for my own deficiency, or my failure to secure proper representation here on this Bureau, with papers creditable to our school and cause, for we innocently and confidently believed others would supply any and all deficiencies.

Let us first see if diet can vary the

product, or if it has its influence in the development of the intellectual faculties, the attribute that gives the pre-eminence so much prized in this progressive age.

The New England fishermen live mainly on fish; so do many of the Islanders; hence fish, if it does have a larger amount of that much desired and needed phosphorus in its structure, does not stimulate their brains into unnatural activity.* The primitive Hoosier still to be found in some portions of our State, and in the southern portion of Illinois, with his diet of hog, hominy and coffee, does not show even the ability to rise pre-eminent over those whose diet is more varied and more congenial to a better cultivated taste. Through some of the Southern States, where I have traveled, their diet, though simple and plain, has not resulted in the production of any great intellectual precosities. Many, to my knowledge, have tried, and faithfully, to force brain action by artificial stimulation with alcoholic preparations, but the result has either proved a total failure or detrimental to the experimenter. I need only cite you to points in one county where it is extensively manufactured, and the residents around, as well as to one of the great political parties of the day, as evidencing its incapability to produce those qualities in men we so highly esteem and justly admire.

Early training, and that ever solicitous maternal influence, is not always sure to give to the world a genius, or a gentleman; one that will be sure to leave it better than he found it. Blood does not always tell on men, if it does in horses, still it helps materially in giving one a fair start in the race of life.

*It is only the skin of the fish that has the phosphorus.

The human system needs and must have a certain amount of the elements essential to build it up and keep it in repairs, to supply the wear and tear that comes from the tax or strain extracted from it, either by the mechanical or mental exertions to which it may be subjected. The material to be supplied must be graduated, or selected to supply the specific loss or wastage. In fact, to a certain extent, there must be a mental and a physical diet.

An excess of humidity is highly detrimental to the combined structure, whether it may be ingested or absorbed, but more marked will be its effects if it must be absorbed, and that in a malarial climate, where it comes saturated with decomposed vegetation, to be borne around as a dead weight, to disseminate its baleful effects not alone on the physical structure, but more especially to retard cerebral activity. Better by far to reduce the circulating medium, and have that of more value, than to have your stock watered until it is only equivalent in worth to that of Confederate currency. In a high, dry and arid atmosphere the blood is absolutely thicker, and if the diet is judiciously selected, richer in all of those elements that go to feed the brain and supply its wear and loss, then there must be increased corresponding capability of development of the mental faculties. While in a humid atmosphere, the absorption is increased until there is an excess which will render the blood thinner, making it less toxical or nutritive to either repair or supply the requisite need.

Near Drummond Lake in the Dis-mal Swamp, and in all the surrounding country contiguous, I found the inhabitants to be incapable of exercising a very high order of brain action; while in some portions of New

York and Ohio, in said localities, the reflective faculties and general cerebration was much to be envied by one who had long been subjected to a highly charged malarial humidity peculiar to our own State.

We may all possibly be passably well conversant with the action or effect of malaria on the physical structure causing its chills and fever, its pains and aches, with its irritation of the mucous membrane, but how few have seen fit or felt it proper to credit it with even *mental dullness* (which is generally due to its influence). As well might we attempt to run a race on the track with a millstone hung around our neck, as expect to win laurels in the literary arena while depressed by the cumulations of malaria in our system to retard our every effort. The fagged out horse may be made to quicken his gait by dermal irritation, but not so a half sick doctor, one who only fills the bill in his daily rounds from imperative necessity. His lofty aspirations (if he ever had them) to ascend the ladder of fame have died out after a few ineffectual attempts, and he barely lives and vegetates till his allotted race is run, with no motive higher than merely to make a living for himself and those dependent upon him.

It is not in our profession only that this condition or defect of mental activity is noticeable, for it pervades all professions and departments of our avocations.

Where is there a man who has gained the right to have his name engraved upon the scroll of fame in our State? None are there save the late lamented Morton, and his came there from the rebellion, an accidental affair that proved favorable to his promotion. Oh! could some accident befall others, if it would lift them out of mediocrity, and help them to gain the world's approval. What book has

ever been written by a resident of our State that has brought credit to its author, or even more than escaped being a still birth?

Do the annals of literature hold one single speech made by a malaria saturated man that is worthy of perpetuity, or of being studied by some rising Demosthenes? No names are there to illuminate their pages and stand as a radiant beam of light to gleam abroad to our credit. Then is it not time that we seek to find some mental irritant, some means by which we can flagellate our intellectual faculties, until they generate or give birth to thoughts or acts that not only ourselves, but others may be proud of and hail as a God-send to relieve this monotony and mental sterility?

I come not to reprove, but come as one bearing the same burden as yourselves, and to sympathize so far as it would be prudent to do so, and can only say it is yours to do all you can under the circumstances, and strive by all the latent energy you yet have in a dormant state, to rise superior to the ills you bear, and say, I will work, although it may count not equal to equal to what it would be under more congenial skies.

Much could be said of the means applicable to eradicate from and guard the system against the acquisition of that which weighs us down like the nightmare, but will only make here a few suggestions that is believed to be, to a certain extent, appropriate to any malarial region.

Having been a resident of this State for nearly thirty years, and for the last twenty devoted as much of my time to the special study of malaria as was consistent with my duty to my profession, I cannot feel otherwise than qualified to offer some remarks in regard to its peculiarities, both as to its formation and the means essential to its eradication, not as to

its extinction as a production, but simply to its elimination from the system when it has made its entry therein.

I have noted with more than professional pride many of the changes and improvements that have been made in the development of the country, and the effect or bearing it has exerted towards the limiting or varying of the formation of this ever enervating effluvium.

Where the country has been cleared up, so as to let the sun light reach the surface, and the ground has been drained to let the stagnant water pass off, a marked effect has been observed in and improvement of complexion, in general health, and in the healthy play of the intellectual faculties, especially noticeable in a disposition to secure papers and other reading matter. Such residents have shown the most evidence of elevation in the scale of mental activity where their sleeping apartments have been in the second story and away from the ground. Still more, their need of professional advice has invariably lessened to less than half of that of former years, and their loss of time by sickness has sunk to the fourth part of what it had been before.

In those same families there has been a positive declension in health, and in all those worthy attributes, those years in which the yield of fruit has been prolific, and since orchards have been so multiplied, and it has been so abundantly produced, the effect of malaria has been much more frequently observed, which not only tell on their physical ability, but shows on those heaven-born faculties to a very appreciable extent.

Similar and remarkable results have ensued where one article of diet has been used in reasonable quantity, that is coffee. It not only heightens and develops the cerebral activity, but

does generally improve the whole mental fabric.

Still more, it does prevent the acquisition of malaria into the system, and to a great extent will neutralize that which made itself a domestic therein. No other article will, or can, accomplish nearly so much, or act so effectually except it may be the judicious use of Arsenicum, and that is a drug it is not prudent to recommend the general public to use.

These, gentlemen, are some of my notes on this very important subject, and I leave the field for you to explore or cultivate, not doubting you will conclude, with myself, that the presence of malaria prevents us from taking high rank as brain workers.

TREATMENT OF SCARLET FEVER BY WARM BATH.—I began this practice ten years ago, and have followed it up from that to the present. At first I ordered the patient to have three warm baths daily, to be kept in from three to five minutes, rapidly dried, wrapped in a blanket, and returned to bed. As the disease subsides I reduce the baths to two or one daily. I find that (1) it brings out the rash, (2) reduces the temperature, and (3) soothes the patient; and when this treatment has been adopted at the onset I have not yet lost a single patient.—*Dr. Barr.*

CLINICAL VERIFICATIONS.

BY

G. N. BRIGM, M.D.,

Grand Rapids, Mich.

CASE I.—N. D. H., a music teacher by profession, married. Several months ago took a very hearty meal in much haste, and indigestion followed. Abdominal troubles progressed till there was much colic and drawing pains in the region of the umbilicus,

coming on in about three hours after meals. Slightly at other times, brought on also by perplexing events. Pains sometimes in the stomach of a griping character, coming and going at intervals. Bending forward had a tendency to mitigate the pains. Patient had vertigo, which came on when he looked over his shoulder, particularly the left. Also there was stiffness of the nape of long standing. Bowels were constipated and defecation difficult, at which times semen frequently passed with urine. Stool was narrow and scanty in substance. Is nearly impotent. Has been losing flesh for the last four months, and grows irritable and nervous. Is so attenuated that he looks pinched about the mouth and hollow under the eyes. Been in charge of a good homœopathic physician for the past two months, but does not improve.

Gave *Colocynth*²⁰⁰ for a week. Improvement began at once, and was continuous. Constipation with seminal discharges not being materially changed, gave *Phosphorus*²⁰⁰, and with prompt relief. In six weeks patient had gained thirty pounds.

CASE II.—I. N. M., æt. 35; had sunstroke five years ago. For the last year has been troubled with attacks of vertigo so violent as to cause his falling, at which time he would become momentarily unconscious and convulsed. At other times is terribly cramped, followed by a cataleptic condition, in which he shows no signs of life to others, though conscious, and hears what is said. When vertigo begins, he reels and walks like a drunken man, also he has attacks of deafness accompanied with blindness or a misty appearance before the eyes. Is much troubled with flatulence, which distends the stomach with a feeling as if it would burst, going off explosively at times. Has occasionally vomited

in his faint spells. Feels best out in the open air. Took one dose of *Lachesis*²⁰⁰, Feb. 22d, 1879. May 5th had not had any attack, nor do I know of any subsequently.

NEURASTHENIA.

BY

GEO. M. OCKFORD, M.D.,

Burlington, Vt.

Of all diseases affecting the human body none present so great a variety of symptoms as nervous exhaustion, or as it is more modernly called, neurasthenia. The disease manifests itself in many different ways, and requires much study to be understood by the examining physician. Symptoms constantly change. According as the brain or spinal cord becomes exhausted the sensations experienced differ. The mind may become affected, producing inability to think, or mental irritability. Fears of various kinds may arise, as fear of lightning, of particular places, of society, of being alone, with flushing, restlessness, blushing, &c. The scalp becomes sensitive and tender and the head may be either abnormally full or have a sensation of heaviness or lightness. Attacks of sick headache are a frequent accompaniment.

The eyes share in the general derangement of the nerve forces of the body. Dilated pupils, congested conjunctivas, soreness of eyeballs, *muscæ volitantes* and smarting are among its phenomena. Noises in the ears and imaginary odors before the nose, aberrations of taste, dryness of the mouth or salivation; twitching of the muscles or abnormal sensitiveness or soreness as well as numbness of the face. The sleep may be disturbed, being attended by hours of wakefulness or startling dreams, or accompanied with convulsive twitchings or

cramps. The voice becomes weak and the throat may feel constricted and semi-paralyzed. All forms of vagaries of digestive troubles, from cases of marked nervous dyspepsia to idiosyncrasies against or in favor of certain kinds of food, stimulants, &c. Nervous affections of the heart and pulse may occur, or the disease may manifest itself by producing affections of the kidneys or genito-urinary organs. Tenderness and stiffness of the back and spine with heaviness of the limbs and joints; an inclination of the hands and feet to "go to sleep," and flying neuralgic pains, with localized itching and dryness of the skin, &c.

The symptoms mentioned may give some idea of the character of the disorder under discussion, but they do not include all that may arise in the course of the disease. With all their diversity, however, the symptoms arise from one cause, namely: exhaustion of the nerve force, and it is a recognition of this fact that may aid us in making a differential diagnosis between this and affections involving organic changes in certain organs of the body. Many of the symptoms of organic diseases are identical with those of the nervous affection, so that we cannot base a diagnosis upon any single symptom, or even group of symptoms, but the whole history of the case must be taken into account before we can intelligently understand our patient's condition.

In the treatment of this disease, homœopathic medication stands pre-eminent. It may be combined with other means, but for the best results from the administration of drugs, the *milium* of the existing condition of the patient will produce immediate and lasting benefit. Almost every remedy in our materia medica may be called for in the treatment of neurasthenia, but those most often of service are Aconite, Arnica, Anacardium,

Arsenicum, Chamomilla, Erythroxylon coca, Cactus, Digitalis, Belladonna, Gelseminum, Ignatia, Lycopodium, Nux vomica, Nux moschata, Natrum mur., Pulsatilla, Populus trem., Phosphorus, Sepia, Sulphur, Rhus tox., Veratrum, Zincum, &c.

Each remedy must be thoroughly adapted to the case in order to be of benefit. There is no routine prescribing that will do. It is of the utmost importance to take into consideration the mental symptoms present, and oftentimes these are the most prominent that we can elicit. Electricians are trying to monopolize the treatment of nervous disorders, but while we acknowledge the power and uses of electricity, let us not forget that we have remedies equally potent to build up the shattered nerves if we understand their use and properly apply them.

CASE OF PRURIGO CURED BY RUMEX CRISPUS.

BY

DR. H. BERNARD-HARDENPONT.

Mons. Belgium.

Ernest Clement, of Thien, agricultural laborer, 65 years of age, came to consult me April 23, 1875, he being subject to chronic prurigo for the past three years, which was literally reducing him to despair. Patient is of sanguine temperament, and of robust constitution. The most careful examination did not reveal any other morbid symptom or actual lesion than the prurigo, and there was no evidence of any diathesis.

General health good. The eruption was pretty well uniformly distributed in the various regions of the skin, with the exception of the face, which was exempt. But the prurigo was, however, more confluent on the up-

per extremities, and particularly on the lower extremities. The itching was rather formicating than burning; *it was invariably aggravated by cold, and equally invariably soothed by warmth, especially in bed.*

The most varied, and also the most energetic, kinds of treatment of the allopathic school, both internally and externally, had been absolutely in vain.

As the patient lived at a considerable distance from my residence, I prescribed, first, Croton tiglium, eight globules of the 12th dilution. (The high esteem in which M. Teste holds this remedy and also the *formication* led me, rightly or wrongly, to choose this remedy to inaugurate the treatment.) Secondly, a week after having finished the dose of Croton, the patient took Rumex crispus in the same dose. This was suggested to me by R. Hughes' "Manual of Pharmacodynamics" in our French translation by Dr. Guérin Ménneville, which had just appeared. To my great satisfaction the patient soon returned to tell me that although the first remedy was of no avail the second had been of immense benefit, and vastly ameliorated his condition.

However, on the 31st day of May following he returned in hot haste to tell me of its having again gone worse. I at once gave Rumex crispus 8-12 repeating a fortnight apart, which promptly settled the matter.

Again, later, May, 1877, the prurigo reappeared, always with the same characters, and again yielded to Rumex crispus.

Remarks.—I have thought this observation worthy of publication, on account of the simplicity of the indication and the neat result. Besides it is a question of an affection that is often rebellious, and clinical proofs of the efficacy of Rumex crispus do not abound in our literature, at least

as far as I know. Any way, the above observation confirms the value of this characteristic of Rumex crispus—*the itching is made worse by the cold, and better by warmth.*

I should like to take this opportunity of giving some of the best bibliographic passages as a contribution to the history of the *internal* homœopathic treatment of prurigo. According to M. Jousset (Éléments de Médecine Pratique) Arsenicum is the principal medicament. But for the itching Sulphur and Lycopodium are preferable; only we must bear in mind that Sulphur at first aggravates it. The itching of Sulphur is of the voluptuous variety, and is worse in the evening. The itching of Lycopodium is smarting, also occurring in the evening, but particularly when the body is hot.

Kafka (Die Homœopathische Therapie) enumerates in the treatment of prurigo Merc.-sol., Sulph., Silicea, Iodium, Lycopodium, Mezereon and Sulph.-iod. His indications for Iodium are these: papules that are very apt to run together, or around which the skin is brownish, thickened and covered with scales; irresistible nocturnal itching, compelling one to scratch, and thus causing insomnia, ill-look, cachectic appearance, emaciation and dyspepsia. Silicea succeeded in his hands in curing a case of prurigo formicans in which the patient, during the nightly itching, fancied that ants were crawling about under his skin.

Mezereon relieves when the nocturnal itching is burning and insupportable. Like Lycopodium and the Iodide of Sulphur, it suits the inveterate cases.

Willmar Schwabe (Lehrbuch der Homœopathischen Therapie) considers Merc.-sol. and Ars. as the grand remedies for prurigo; but he also enumerates Iod., Graphites, Sulph.,

Lycopod., Silic. and Calcaria. The medicinal treatment of prurigo is described by Ruddock, in his "Text-Book," as follows :

"*Aconitum*.—Furious itching all over the skin, *with febrile symptoms*.

"*Sulphur*.—Severe itching attended with thirst and *dryness of the skin*, worse in the *evening* and *in bed*. This is generally a prominent remedy, and is frequently specific, especially in recent cases.

"*Arsenicum*.—Itching with *burning*, or an eruption emitting watery fluid, like sweat, and attended with much constitutional *weakness*. It is most suitable in chronic cases.

"*Ignatia*.—Itching of the skin of a fine pricking character, resembling flea-bites, and changing from one part to another.

Other remedies are sometimes required. Merc., Carbo.-veg., Rhus., Mezer., Causticum. Teste has succeeded best with Causticum and Merc.-sol."

I do not think it would be profitable to reproduce the arid nomenclature of Jahr, either from his "Special Treatise on Diseases of the Skin" or from his "Manual," as he does not try to render the indications for the remedies at all precise.

Espanet recommends for prurigo with diurnal itching Lycopodium and Natrum muriat. (these would therefore rival Rumex).

We think it well in conclusion to note the symptoms of Rumex as given by Hale : "Itching in various parts of the body, especially the surface of lower extremities while undressing; stinging itching or pricking itching of the skin; itching of the vesicles when uncovered and exposed to cool air; eruption on the limbs of small red pimples. The eruption is produced by scratching; vesicular eruption, 'psoric itch,' eruption from wearing flannel."—*Hom. World*.

THE PLACE OF SELENIUM IN INCONTINENTIA URINÆ DIURNA.

BY

J. C. BURNETT, M. D.

End of April of the current year a little boy of about five years of age came under my observation suffering from incontinence of urine during the daytime. He had been then troubled for about three months and not only spoiled all his nether garments, but there was such a strong smell that it became impossible to send him to school as theretofore. The urine was at times reddish, at others milky, and the incontinence was made worse by partaking of cooked rhubarb as food, such as in pies and puddings.

Nocturnal incontinence of urine is bad enough in children, as a clean or sweet bed or bedroom are out of the question. At first I thought the diurnal variety would be less distressing, but experience showed that it is much more so, as it is held to be unseemly to send a child about without clothing, and yet if he be clothed he becomes of impossible companionship for his fellows, on account of the strong odor, which cannot be hidden.

The parents of the patient in question are very intelligent people, and well up in that most useful art termed domestic Homœopathy. Hence they had made use of *Ferrum*, and seat-worms being present also of *Cina* and *Santonin*. The *Ferrum* was of passing benefit, but no benefit was derived from the *Cina* or its alkaloid.

The principal urinary symptom of *Cina* is, "*Frequent urging to urinate, with passage of much urine the whole day*," while those of *Santoninum* are very marked and may be aptly compared to the urinary symptoms produced by *Cantharides* and *Terebinthina*. In this case the urine was turbid and the urine of both *Cina* and *Santoninum* is also turbid. But

the diurnal quality is not specially marked with *Cina* or its alkaloid. On the other hand the *Ferric* incontinence of urine was already characterized by Hahnemann as *diurnal*. (See Allen's "Encyclopædia of Pure Materia Medica," Art. *Ferrum*, p. 314; symptom 430.)

Hahnemann's correct observation in this respect was fully corroborated by the splendid provings of *Ferrum* by the Rademacherians. (See *Zeitschrift für Erfahrungsheilkunde*.) Thus—"Urging to urinate entirely absent during the night, but occurring regularly during the day," etc. (Loeffler).

So we see that the ferric character of the urinary incontinence was fairly made out. I was so satisfied of this that I again ordered *Ferrum*, although it had been previously given. I gave the *Ferrum phos.* in the 12x trituration; it did no good. From experience I can say that the *Ferrum phos.* 12x trituration is a most potent remedy; therefore I could not blame the preparation, neither could I blame the chemists, as it was obtained from a firm in the City whose triturator has a magnificent biceps.

There only remained this alternative, either *Ferrum* was not Homœopathic to this case (*i.e.*, either I had failed to give the true *similimum*) or Homœopathy was a delusion. Now, from experience I know Homœopathy is a science and not a delusion; and I know, also from experience (*pater paccavi*), that finding the true *similimum* is by no means an easy matter. To find just a rough *simile* is not so very difficult, though that is more than one always cares to do.

I set about the prescription afresh and looked up some other anti-enuretics of the peculiar medical people ye!e!pt Homœopaths. But first it was necessary to find wherein the *Ferrum* was weak in similarity. It seems to

me that the urine in the ferric pathogenesis is primarily *lightcolored*; we read—"Urine more colorless than usual." Now, the urine of my little patient was *darker* than normal, reddish. It is true that we get a red urine from *Ferrum*, but that is not its primary effect; rather is it the secondary effect, and, of course, the urine would be red if the ferric proving be pushed far enough to get hæmaturia.

In the pathogenesis of Selenium we read—"Involuntary dribbling of urine, while walking," and redness of the urine is quite a marked symptom.

It thus seems that the difference in the character of the urine is worthy of attention.

So Selenium was prescribed on May 19th, and four grains of the third centesimal trituration were given three times a day.

In three weeks patient was well, and returned to school. He continues well to date.

Of course Selenium is not so exhaustively proved as *Ferrum*, and I may be wrong in offering the *color* of the urine as a *differentia* between the diurnal enuresis of the two metals. At present I note in my scrap book:—

Incontinence of urine by day, urine *light*—*Ferrum*; *ib.* urine *dark*—*Selenium*.

CALOTROPIS GIGANTEA IN LUPUS OF FACE.

BY

E. B. IVATTS, M.D.

Feb. 6th, 1873.—H. M., a man of thirty-eight years, married. Previous history: The disease commenced on the left wing of the nose like a small speck, ten years ago, at the age of twenty-eight. Has been frequently burnt with caustic and suffered much pain. Was in hospital, where six or seven doctors held a consultation on

him. Was given arsenic, and took cod-liver oil for eighteen months. Used to have styes on his eyes as a boy. In case of cold it would always fly to his face; his face would flush, and his nose bleed. His father lived to be eighty-one years of age, but the last ten years of his life he had a little scurf on one cheek and side of his nose—a sort of scurfy tetter, but it never came to a sore. It was blackish, and looked like dirt on the face. Patient twenty years ago used to have at times a little red spot on left side of nose like a flea-bite, particularly observable after washing. It was not on the exact spot where the ulceration first commenced, but it is now covered with a crust. About fifteen years ago, before nose was affected, had large swellings round both sides of neck, up to ears and down round neck. They burst and freely discharged, and he was ill for two months. The doctor told him he was serofulous up to his two eyes. Six years ago had inflammation on left lung, and was laid up ill for a month. Had measles when he was eight years old, and after that his eyes were sore as from a cold, and were bad for twelve months, and at one time was nearly blind. Cartilage of nose lost seven years ago. He was over the middle height, and a fairly well-grown man.

Present state.—The whole of the cartilage of the nose gone, and dark-brown crusts the size of florins, and very elevated on cheeks each side of nose. Married, four children (three subsequently died of measles and whooping-cough). Never had syphilis. Crusts also over arch of nose, and very thick crusts on upper lip, which is internally thickened and projects. Appetite always good, and bowels regular. Drinks porter to his meals. The skin about crusts had the usual shining, inflamed appearance.

Until March 12th he took Calo-

tropis tinc. three drops three times a day. He soon got a discharge on left cheek from an isolated little hole in size less than a pea. The crusts became thinner and contracted; the redness decreased. Burning heat in face gone, which led him to use cold water to try and cool it. The crusts when he eats do not now split and bleed. Face feels more itchy. Complained of pain at back of head (medicinal action). Calotropis 1x three drops three times a day.

March 12th to May 6th.—Crusts now come off more frequently, and underneath there are no pin-holes in skin as there used to be, but it is smooth. Skin used to be reddish-purple round crusts; now it is clear up to edges of crusts. Binds bread-and-water poultices to crusts on Sundays, when home from business, brings them off quicker, and the new crusts that form are thinner and whiter. The Calotropis has made the eyes blood-shot and dim; they ran with water for a week, and were very sensitive to light. He also had the Calotropis characteristic pain at back of head. He was surprised how quickly a cut on his hand healed up to what one ever did before.

May 6th to May 22d.—Ordered Sulphur 1x trit. twice a day for ten days, as an intercurrent remedy. Crusts continued to improve and come off quicker.

May 22d to July 5th.—Thinks now he will be cured. Crusts improve. He always used to be worse in the springtime, but not so this year. Crust on left cheek now divided into several thin small crusts with sound skin between. The medicine seemed to create new openings the size of a pea, and these discharged matter very freely. Owing to over-action of Calotropis he again, during this period, had Sulphur 1x for ten days. All medicine stopped to 29th July.

July 29th to Sept. 27th.—He took Calotropis No. 10x five drops morning and evening. This dilution seems to have penetrated deeper into the system, and brought to the point of exit more diseased matter, as in eight days the right cheek over jaw became hard and swollen, and then discharged freely and became soft. The crust on upper lip (now worse part) is not so hard to detach; the scales are in parts, and not one general crust as before. His weight was 11st. 8lb.; it is now 11st. 10lb. On September 5th, 1872, and June 20th, 1873, he weighed himself 11st. 8lb. Thus it appears that, notwithstanding the constant discharge to which he has been subject, he has not lost in weight. In September the left cheek had little or no scale on it, and displays new red flesh.

Sept. 27th to Oct. 20th.—Sulphur 2x and improvement.

Oct. 20th to Dec. 16th.—Calotropis 3x and trit. of root No. 1. Three drops of the first twice a day, and one grain of the second twice a day. A new tubercle formed over left eyebrow, and a great deal of matter came out of it. The upper lip crust is yielding to treatment: it breaks and comes off now frequently, and is less swollen inside.

16th to 30th December.—Change to Sulphur No. 2.

Dec. 30th to March 7th, 1874.—Calotropis 2x trit., one grain a day. The upper lip crust yielding to treatment has set several small pea-hole openings on the face again freely discharging. His cheek sticks to the pillow with matter. He thinks also the spring has quickened the discharge. Has increased six pounds in weight the last two months; is very fond of weighing himself.

March 7th to Oct. 3d, 1874.—He had the Calotropis on and off. In April he got a swelling of the ankle,

which "pitted" on pressure. For a week he could not walk; no soreness nor inconvenience except pain on movement. From Aug. 22d to Oct. 3d he got Merc.-sol. 2x and 3x to counteract the Calotropis, to which I credited the foot-condition. The face and foot much improved under the Merc.

Oct. 3d to May 15th, 1875.—He recommenced the Calotropis, and in fourteen days a small sore the size of a fourpenny piece came on the inside arch of the left foot. The face became well, only silvery scales coming off now and then. The sore never increased in size and had no depth, but on and off it continued to discharge. The foot would swell, and then the discharge would come on, and then the sore would almost heal up. The face kept well; the Calotropis had transferred the discharge from the face to the foot. Calotropis No. 2x was taken on and off after May 15th. On the 15th of May he spat up a lot of blood and bad matter, and frightened his wife. The next day the foot, which had been swelling for some days, broke on the instep, and he said as much as a pint of matter like white paste came from it. The discharge continued for several weeks. He passed into the hands of an allopath. The foot was poulticed with linseed-meal. Bleeding from the left lung, where years before he had the inflammation, came on now and then, and he lingered on until the next spring, when he died. The face continued smooth and clean to the end. The persistence with which the Calotropis excreted the impure matter is its leading characteristic. An allopathic doctor of experience, a friend, saw him at my request, and was greatly surprised at the removal of the disease from the face, saying no doctor in the city could have produced such a result

In spite of the advanced age to middle life (thirty-eight), I believe he would have been a permanent cure but for the lesion of the left lung. In treating Lupus with Calotropis, the variations of the weight of the body should be watched, and the medicine stopped for a time if there is any great loss of weight. It seems a characteristic action of Calotropis that whenever it sets up a free discharge the appetite is greatly increased, and larger quantities of food are taken, and such was the case with the patient all through the treatment.

THE ACTION OF CEANOOTHUS ON THE SPLEEN.

BY

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London, Eng.

The following case came under my notice soon after the publication of Dr. Burnett's observations on Ceanothus, and as it appeared to me to resemble closely the cases that had received benefit from that medicine, I determined to give it a trial. As Ceanothus is at present but little known, cases exhibiting its action are valuable, and it has occurred to me that this one might be read with interest.

Mr. F., aged fifty-two, carpenter, tall, spare, rather dark, very active, and very steady, of good family history, his own children being strong. He lives in a very healthy though somewhat exposed situation. He belongs to the better class of artisans. On March 5th, 1879, he came to me complaining of pain in the left side. He described it as an aching in the region of the left sacro-iliac joint, coming round to the ribs in front, and extending upwards as high as the fifth. With the pain there was a sensation of cold water dropping un-

der the arm. The pain was relieved when he could get rid of flatus with which he was troubled. He had had the pains for two years, during all which time he had not been able to lie on his left side. Latterly the pain had been getting worse. The tongue was clean, appetite good, bowels rather costive. On examining the chest I found the heart and lungs normal. There was tenderness to pressure for an inch beyond the free border of the left free ribs, and dullness on percussion over the same area, the dullness passing under the ribs for a distance of two inches. Patient had never had intermittent fever, and did not suffer from chills. I diagnosed splenic enlargement, and ordered him to take Ceanothus Amer. 1, pil. i. quater die. He began to take this on the 7th, and on the 12th reported, "Pain in the side decidedly better. The medicine acted at once. Can lie on the left side now." On examining the affected region I found the tenderness very much diminished. What pain there was was chiefly in the back. *Repeat.*

19. On the night of the 12th, after partaking somewhat freely of lentil soup, he had a sensation of fullness, and this was followed by an attack of urticaria. There was, however, with it no increase of the pain. On a former occasion, after eating heartily of that food, a similar urticarious attack ensued, and at the same time the pain in the left side was considerably worse. Now the pain in the side is better. Tongue clean, bowels regular, appetite better. The eruption has disappeared, but he feels oppressed in breathing, and faint. I left off the medicine for a time, and gave Nux vom. 1, pil. i. quater die.

April 2d.—Better altogether. No indigestion. Eats well. He has the pain sometimes—principally on Saturdays and Sundays when he is at

rest. He can lie on the left side with perfect ease. There is no dullness anterior to the margin of the left free ribs. I repeated *Ceanothus* 1 as before, leaving off the *Nux*, and he had no occasion to return. About a twelvemonth afterwards I saw his wife, and heard from her that he had kept perfectly well. Such are the facts of the case, and to my mind they afford clear evidence of the power of *Ceanothus* to affect the spleen.—*Ibid.*

NEW UTERINE TENACULUM.—

When a tenaculum is used, either the operator is deprived of one of his hands for other purposes, or else an assistant must use it, in which case his hand is often very much in the way. This tenaculum is one and a half inches long, and has two hooks. Of course the size of the instrument and the number of hooks can be varied at will. The peculiarity of the instrument is that it has no handle. Instead of this it has an eye, which is threaded with wire. The tenaculum is then inserted into the uterine lip by means of dressing or other forceps, the wire is drawn right or left, and fastened by winding it around some suitable part of the speculum. If such suitable projecting part be only on one side, a slight groove can be nicked in the edge of the speculum at any point and the wire be passed first through the groove. By this means both of the surgeon's hands are free and no assistant is needed, and the needed space is not narrowed by any band.

CASE OF CHRONIC DIARRHŒA CURED BY JALAP.

A single woman, aged seventy, came to me on the 6th October, 1879, and said she had for seventeen or eighteen years had diarrhœa daily.

The stools were usually six or eight per diem, sometimes in the night, attended by extreme urgency, and leaving some degree of tenderness afterwards. Being crippled by an ankylosis of the right wrist, she was much dependent on her servant, and as she had not always a servant, she was liable to irregularity in getting her food, and often it was not well prepared when she did get it. She lives in a lone cottage in a country lane, some four miles from my house, and had some difficulty in getting conveyed to and from it. I saw her a few times at long intervals, in which time, she got *Coloc.* 1, *Phos.-ac.* 1, *Hyo.-a* and *Nux* 1, with but little alteration of her state. I saw nothing of her from the end of November to March, 1880, but heard of her cottage being entered by tramps, who half strangled the poor old woman, and robbed her of a few shillings in January. When she again came to see me she had become much emaciated, and the diarrhœa was constant, six or eight times in twenty-four hours, motions dark, very offensive, and of gruelly consistence, attended and followed by much griping and some tenesmus. *Nux* 1. April 26th reports the same state. *Verat.-a.* 1, to be followed by *Jalapa* 1st trit. May 11th reports the number of stools to be two per diem, pain much less, motions formed. June 1st, still has some looseness, but is much better, and improving in looks as well as comfort. *Jalap.* 1 to be taken occasionally. From that date I saw no more of my old patient, until having occasion to be near her dwelling a month ago, I called to ask her how she was. She told me she had had no further trouble with her bowels after the last *Jalap.*, and had been quite comfortable ever since. She had become stout, and looked in capital health.—*Hom. World.*

THE
AMERICAN HOMŒOPATH.

*A Monthly Journal of Medical, Surgical
and Sanitary Science.*

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REVIEWS.

A GENERAL SYMPTOM REGISTER OF THE HOMŒOPATHIC MATERIA MEDICA, by Timothy F. Allen, M. D., being a complete index to the Encyclopedia of Pure Materia Medica. Boericke & Tafel, New York and Philadelphia,

We scarcely know who is to be most congratulated upon the completion of this ponderous work on the Materia Medica, Dr. Allen, or the profession. Dr. Allen, because his labor is happily over, and the profession in having such a work completed. Every physician probably feels at some time the need of a materia medica large enough to take in all the fragmentary and incomplete provings which are scattered on every

hand. Despite the tendency of the day, which in book making is to the production of small volumes or monographs on single diseases and their treatment, that, while having the undoubted merit of being easily handled and of conveying just the information the reader is in search of, must at times fall short, as at some particular juncture when a peculiar symptom which seems to be the keynote for the remedy is looked for in vain, and there remains the tantalizing remembrance of having seen it somewhere in the course of our desultory readings, but where we cannot tell. It is at such times as this that a work like Dr. Allen's will prove of incalculable value, and the instant and deserved recognition it achieved proves the need for such a materia medica. A work so great as this is beyond ordinary criticism, and were it to be that occasionally Homer nodded, it would not detract from the merit of the book, but judging from the somewhat incomplete examination we have been able to make it would seem to be remarkably free from error.

NOTES OF HOSPITAL PRACTICE.

PART 1, PHILADELPHIA HOSPITALS. PART 2, NEW YORK HOSPITALS. Selected and arranged by Samuel M. Miller, M.D., Philadelphia, Pa., Samuel M. Miller, Publisher.

This book, which is a compilation of the diagnostic and therapeutical notes made by the author of the teachings and practice of various distinguished physicians in their hospital practice, must prove of very great service to the busy practitioner who desires to know what the leading members of the profession are doing, and who has not time to hunt it out from the various magazines where it lies imbedded. We have read it with much interest as furnishing a complete epi-

tome of the allopathic practice as it stands to-day, and find many hints that are of advantage to our school as well.

THE POPULAR SCIENCE MONTHLY
FOR FEBRUARY, 1881.

The *Popular Science Monthly* is always welcome, but the February issue is extremely attractive. "Diet," by Dr. Felix L. Oswald, in his series on "Physical Education," deals with stimulants and all kinds of irritants and provocatives which are come to be so extensively employed with proper foods. The article is full of valuable suggestions pointedly presented, and the writer gives no quarter to what he denominates the poison-habit. Next comes the paper by Sir George W. Cox on "Horses and their Feet," and is a vigorous attack on what the writer regards as the superstition of horseshoeing. The subject is thoroughly discussed, and the array of facts that bear against the practice is somewhat startling. There seems to be an extensive experience in opposition. There is an elaborate and richly illustrated article by Eliza A. Youmans, describing the recent remarkable discoveries of Charles Darwin on the "Movements of Plants." Professor Carhart has an admirably clear and practical article on "Atmospheric Electricity." Chemical readers will be struck with the amount of evidence that has been brought together by Mr. Lester F. Ward on the "Evolution of the Chemical Elements." It has a profound bearing on modern cosmological speculation. The Literary Notices are fresh and full, and the Popular Miscellany abounds in items of scientific interest. New York: D. Appleton & Company.

THE ETIOLOGY OF CANCER: STATISTICS AND REMARKS.

In our present state of helplessness as regards the therapeutic treatment of malignant disease, any information tending to throw light on the origin of that class of maladies may (as a step in some measure towards their prevention) be deemed not unworthy attention—the more especially as I think very undue weight attaches (in the public, and even in the professional mind) to some causes; while others are unfairly depreciated. I therefore venture to submit some statistics, taken chiefly from the records of the Cancer Hospital during the past two years, with the deductions which these seem to me to warrant.

1. *Hereditary Tendency*.—Of 146 cases of uterine cancer, there was some history of malignant disease having occurred in at least one other member of the family in 12 instances, with 7 very doubtful ditto. Of these 12, 4 patients reported relatives dead of the same disease: 3 of breast cancer; 2 of cancer in the side (whatever that may mean); while in 3 cases the site could not be ascertained. Of 205 cases of cancer of the breast, there was a more or less credible family history in 27 instances; 6 more are marked doubtful. Of those 27, in 11 cases the mother, sister or aunt had died of the same complaint (in 4 the mother, in 1 the mother and grandmother); 2 were stated to have died of uterine cancer, 2 of hepatic ditto. One relative (father) had died of cancer of the lip; 1 (grandmother) of cancer of the mouth; these affections being so invariably due to local irritation, I have no hesitation in excluding the cases altogether from the calculation. Again, 1 patient stated that her father had died of cancer of the breast; considering the rarity of such cases, I think her statement must

be regarded with doubt. In 13 cases, the statement was confidently made that relatives had died of cancer, but the sight was unknown. Thus, of these latter cases, we can only (with some show of reason) regard 15 as occurring in families where the disease might be hereditary. Taking the whole number, we find that in *breast* cancer, hereditary tendency occurs in 13.17 per cent.; but, with the above deductions, in only 7.31 per cent., while in *uterine* ditto, the percentage amounts to 8.21. Now, I conceive the only inference we can possibly draw from the above is, that if hereditary tendency to cancer has any predisposing influence whatever in its causation, such influence is of the very slightest, and in practice had much better be ignored altogether, as tending to mislead rather than to assist. Not long since I saw an unmistakably adenoid tumor removed from the breast of a woman, three members of whose family were stated to have died of cancer. I much doubt whether the small percentage recorded above would not be equalled by taking as many hospital patients at random, and inquiring as to the occurrence of cancer in their families.

2. *Injury*.—Of 143 cases of breast cancer, in which special inquiry was made as to preceding injury, 32 patients returned an answer in the affirmative, or 22.37 per cent., while 12 gave doubtful replies. Among the uterine cases, the idea of injury from external violence is necessarily almost excluded; yet 4 attributed their disease to falls or kicks, while many dated it from a confinement or miscarriage. Among the 205 breast cases quoted above, 3 occurred in males, and in these it is noteworthy that 2 attributed their disease, with every appearance of probability, to blows, while the third gave an obscure history of injury. There can be no

doubt that mechanical injury is a real exciting cause of malignant disease; but, (except in epithelioma,) the frequency with which the latter so arises in greatly exaggerated, both in medical text-books and in the public estimation. I must here point out one source of fallacy; women very frequently present themselves, within a week or two after some injury, complaining of severe pain in the breast, and in a state of the greatest alarm; and only recover their equanimity after a lapse of many months, coupled with repeated assurances of immunity from cancer. By these cases, I am led strongly to consider that in many instances the blow originates the cancer—not *directly*, but *indirectly*—by producing mental depression, and by concentrating the attention on the part affected.

3. *Nervous depression (especially mental trouble)*.—Of 103 uterine cases, in which preceding causes of mental or physical nervous depression, (trouble or very hard work) were sought for; 55 gave a history of preceding mental trouble (often combined with hard work), 10 of hard work alone, while 10 gave doubtful replies. Of 38 breast cases, 24 patients gave a history of sorrow and anxiety, 4 of hard work, while one case was doubtful. Thus of the breast cases (although I must confess the number specially investigated in this connection is smaller than I could wish), 73.68 per cent. gave an account of nervous depression, either mental or physical, immediately preceding the appearance of the disease, while in the uterine cases the percentage amounts to 63.01. From this I cannot help inferring that sorrow, anxiety, and hard work are very powerful factors in the production of malignant disease. The following case, in its exclusion of every possible cause of cancer save one, I regard as so typical

that I cannot forbear relating it here; it is not included in the above 38. A lady, aged forty, wife of a gentleman in comfortable circumstances, strong and previously healthy, leading an easy life, with no family, having a cheerful disposition, without family history of cancer, and never having sustained any injury, became greatly affected at the death of her brother after a short illness, and allowed this to prey on her spirits for some time afterward. Within a few weeks a small lump appeared in her left breast; she paid no attention to it till six months afterwards, when, on examination, there was found a well-marked scirrhus tumor, with enlarged axillary glands.

I have above confined my remarks to malignant disease when affecting the breast and uterus, both as affording the largest number of cases for comparison and as practically the most important. I may add that, of 7 cases of rectal cancer, I gave a doubtful history of hereditary taint; 24 of cancers of lips; tongue, face, or mouth, give 4 instances, and 2 more very doubtful; 21 ditto of vulva, vagina, and other parts, give 2 instances. Epithelioma, wherever it occurs, is almost invariably (if not always) due to continued mechanical irritation. Nearly all the cases in which the lip, tongue or mouth were affected could be traced to the irritation caused by a projecting tooth, or by a pipe-stem; and where these factors were absent the disease often originated at or near the angle of the mouth, where any little fissure would naturally be kept open by the motion of the parts. Two patients with epithelioma of the lip dated their malady from a piece of flesh being torn out during the extraction of a tooth; one, with epithelioma of the vulva, from a fall on the edge of a piece of board. So-called "ichthyosis" of the tongue,

of course, is very apt to end in epithelioma. In 12 out of 205 breast cases, both breasts became implicated. One case only was supposed to have followed "eczema" of the nipple.

Although I have not yet been able to procure a sufficiently large number of cases for comparison, I submit there is a strong probability that what is here affirmed of mammary and uterine cancer is also true of malignant disease (excepting, of course, epithelioma) wherever that may be situated. And I now beg to recapitulate the principal conclusions to which, I conceive, the foregoing statistics point:

1. Hereditary tendency, as a predisposing cause of cancer (at all events, of mammary and uterine cancer), is almost valueless, if not entirely so; and in practical diagnosis should be altogether ignored, as misleading.

2. Mechanical injuries directly produce cancer in a certain percentage of cases; but this percentage is small.

3. As direct and immediate causes of cancer (especially, in my own experience, of uterine cancer), mental trouble and hard work are very potent agents; and exert more influence than any other antecedent within our present knowledge.—*Lancet*, Dec. 25, 1880.

REDUPLICATION OF THE HEART SOUNDS.

Dr. Sansom read a paper (at the Medical Society of London) on the causes and significance of Reduplication of the Sounds of the Heart. He first reviewed the various theories adduced in explanation of doubling of the first sound. These might be reduced to two. 1. That reduplications of the first sound are *real*, and due to a want of synchronism in the systolic tension of the auriculo-ventricular valves of the right and left sides.

2. That they are apparent, and due to an auricular immediately preceding the ventricular systole. He could not agree that the auricular systole is directly audible, but that it might cause a sound by communicating a presystolic tension to the mitral curtains under certain conditions. He adduced cardiographic tracings to prove that in certain cases of apparently reduplicated first sound the auricular systole was greatly augmented, and showed that the phenomenon might be the precursor of an undoubted presystolic murmur. As regards reduplication of the second sound, he had observed it in eleven out of thirty-seven cases of mitral stenosis. All observers are agreed that mitral constriction was the most common condition in which it was observed. He considered, from a review of the cases, that the reduplication of the second sound was often *apparent*, and due to a tension communicated to the mitral curtains *early* in diastole, just as in quasi-reduplication of the first sound it was communicated *later* in diastole. The moment the ventricle becomes relaxed after its systole, the blood retained in a state of tension (the pressure in the pulmonary circuit being heightened) in the auricle enters with force into the ventricle, and finding its way on the parietal side of the curtains of the mitral valve, causes them to bulge towards the ventricular cavity, and in so doing occasions the "click" of valve-tension, which, coming so soon after the second sound, closely resembles a reduplication of the latter. Although a frequent, it is not a universal explanation of this reduplication. In some cases it is very probable that the reduplication is real, and due to non-simultaneous closure of the semilunar valves of the aorta and pulmonary artery. He agreed with Dr. James Barr, of Liverpool, who held that over-repletion of either of

the ventricles was the cause, not of delayed but anticipated sound. Dr. Galabin argued that reduplication was often rather apparent than real, cardiac murmurs closely approximating cardiac sounds, especially in the case of direct mitral murmur. Thus in mitral stenosis, the presystolic might be mistaken for a loud first sound and the true first sound for the second sound of the heart. He could not understand how valvular tension could occur when the valve was converted into an indurated ring. The apparent second element of a reduplicated second sound might be due to a short diastolic murmur of direct mitral character; and reduplication of the first sound apart from cardiac disease, due to the sudden tension of the ventricle after the closure of the valve. Dr. Mahomed believed that reduplications of the sounds were chiefly valvular in origin, although in mitral stenosis other sounds are often mistaken for reduplication of the normal cardiac sounds. He exemplified the cause of reduplication of the second sound by the recoil of two equal pieces of elastic, the one stretched to four inches, and recoiling to three inches; the other stretched to three inches, and recoiling to two inches; if stretched simultaneously they would not complete their inch of recoil simultaneously. He thus attributed the reduplication of the second sound to the asynchronous recoil of the aorta and pulmonary artery subject to abnormal variations in pressure in either one or the other. This explained the frequency of this reduplication in mitral stenosis when the pulmonary pressure was heightened. He similarly explained reduplication of the first sound, and he believed these views were identical with those advocated by the late Dr. Sibson. He did not think deduction could be drawn from cardiographic tracings, which

did not signify the time of closure of the valves. Dr. James Barr, of Liverpool, in the course of his remarks, stated his belief that reduplication was due to asynchronous action of the ventricles, so that a normal doubling of the first sound occurs at the end of expiration from the increased stimulus to the right ventricle, and of the second sound at the end of inspiration from the early cessation of the right ventricular systole. In disease, that ventricle which is best supplied with blood initiates the systole, although it may not complete its contraction until after the other ventricle has finished its systole; or both ventricles may begin systole together, but one may lag behind the other. He was certain that there was this asynchronous contraction of ventricles (and of auricles also), each side of the heart having its own fibres. Dr. Sansom replied, and the Society adjourned.—*London Lancet*.

**TREATMENT OF VESICAL CATARRH
BY ESTABLISHING URINARY
FISTULÆ.**

BY

D. HAYES AGNEW, M. D.

In hopeless cases of chronic cystitis it has occurred to me that the life of the patient might be made comfortable by separating the connection of the ureters with the bladder and bringing them out through the abdominal walls, establishing fistulæ either in the iliac or in the lumbar region, and thereby diverting the urine entirely from the bladder. That such a route for the escape of the urine is not so objectionable as might be supposed will appear from the experience of two persons in this city who suffer from urinary fistula occasioned by accident, one of whom is able to attend to his occupation—that of a daily laborer—by swathing the body with a thick roll

of bandage, by which the urine is absorbed. If the fistulæ were favorably situated, mechanical appliances might be constructed in which to receive the urine.

The feasibility of the procedure proposed I have satisfactorily verified by dissection and operation on the cadaver. At first I supposed the proper route to the ureters would be through the loin, as in lumbar colotomy; but the colon on each side is an obstacle which cannot readily be overcome. The plan which I pursued was to make an incision beginning one inch below the anterior extremity of the last rib, and terminating two inches below the anterior superior spinous process of the ilium. After dividing the skin, superficial fascia, external and internal oblique and transversalis muscles, the transversalis fascia is next broken up, together with the loose tissue connecting the peritoneum with the iliac fossa. It only remains to detach carefully the serous sac until the primitive iliac vessel is reached, at the bifurcation of which into external iliac and internal iliac the ureter will be found to pass into the pelvis. Following the tube down, it should be severed as near to the bladder as possible, two ligatures having been previously applied (the lower one catgut), and the division made between the two threads. To relieve any tension on the ureter, a puncture is next made through the parietes a short distance above the upper angle of the wound, and the urinary duct piloted through by means of a probe secured to the end of the ligature previously attached to the ureter. It only remains to detach the thread from the duct and to secure the latter by two stitches to the external opening, after which the main wound can be closed. It would not be proper to operate on both ureters at the same time. The patient

should be allowed to recover from the first before proceeding to the second. Nor would such a surgical procedure be advisable if there was reason to believe that the kidneys were seriously implicated.—*Ibid.*

RHEUMATIC GOUT AND ITS CONGENERS.

BY

EDWARD BLAKE, M.D.

Rheumatic Fever appears to be perilous to life inversely as the age of the patient, in other words, the prognosis is grave in proportion to the youth of the sufferer.

The chief indication is to secure absolute rest to the affected joints during the acute stage. This can best be done by plaster of Paris or by silicated bandages. These should be applied, with the joints in a semi-flexed position. The whole body should be generally supported by small hair pillows, applied wherever a hollow is seen.

Sponging the uncovered parts with very hot solutions of Arnica or Rhus affords much solace to some patients.

The remedies most called for are Aconite and Mercurius corrosivus. The latter is strongly indicated by the synovial hyperæmia, by the local or general sweating, by the history of these cases, and by the character of the chief complications.

With regard to the routine treatment of synovitis rheumatica *pure et simple*, I cannot but think that when Bryonia and Aconite are administered in alternation the former only hampers the action of the latter without itself contributing to the remarkably beneficial result so often seen. I speak here of the early stages alone, for of course, when the ligaments and the aponeurotic expansion are involved, Bryonia is invaluable. It covers too the mucosal inflammations which occasionally ensue.

Of the practical value of Viola odorata and of Caulophyllum, so highly spoken of by Dr. Hughes in his excellent Manual of Therapeutics, I have no practical experience.

It is impossible to speak too earnestly in favor of gentle passive movements of all the affected joints immediately after the temperature has become normal, in order that close adhesions may be prevented, and *no amount of pain should permit us to shirk this serious duty.*

It is scarcely necessary to say that this rule applies to all acute articular affections. Lectures, treatises, and handbooks are grievously at fault when they do not draw the student's attention to this all-important point in practice. From the neglect of this simple precaution we have all witnessed the very saddest lifelong deformities. Some of us have had the bitter humiliation of seeing an uneducated person repair our omissions. It is certain that if we did our duty we should at once remove the chief *raison d'être* of a class of men whose existence is not a disgrace to them, but a flagrant reflection on ourselves, our want of thought and of foresight.

For cardiac complications I usually administer Spigelia during the day, and Aconite at night. I always poultice.

With regard to diet, liquid vegetable diet appears to suit the best. At a recent meeting of the British Homœopathic Society there was quite a *consensus* of opinion that milk and beef tea—in fact the use of all nitrogenous food is to be deprecated. Alcoholic stimulants, in acute disease, I never give.

RHEUMATIC GOUT.

The underlying element of anæmia, or at least spanæmia, will at once suggest that everything must be done to improve nutrition. These cases

are often greatly aggravated by an enforced rigor of regimen, from a supposed alliance of the disease with gout, due to its most unfortunate name, whereas the patient really requires diet rather than dieting.

Malt liquors, so poisonous to most gouty persons, are not only not pernicious, but positively beneficial, especially when they lead to more food being taken. That ale always contains either sulphur* or its oxides, may possibly have something to say to its good effects in rheumatic gout.

Quinine appears to be in favor with both schools. I have seen it act very beneficially on the general health, but I have not witnessed actual improvement in the joints themselves. A study of the provings of bark, and the evidence collected by Henriques† of its power to induce rheumatoid symptoms, are ample reasons for our employing it when indicated. The Salicylate of Quinine is probably the best form.

The remedies which, in my hands, have effected the greatest amount of good are certainly mercurials in the more acute form and Sulphur in chronic cases; Iron in some shape is nearly always serviceable. Actæa, Arnica, Ledum, and Rhus come next. Antimonium crudum, Arsenic, Nitric acid, Pulsatilla, Rhododendron, and Sabina have been lauded by members of our school. I have never seen any very distinct results from their use.

Turkish baths are to be avoided,

*Hops are dried in the fumes of sulphurous acid to destroy the aphid; sulphide of calcium is placed in beer barrels to prevent mildew; and Burton water is rich in sulphate of lime. To these elements may be attributed the fact that ale, unlike other alcoholic beverages, is purgative in its effects.

†"On Rheumatic Arthritis," *Brit. Journ. of Hom.*, vol. xii, p. 41.

they certainly tend to increase the disease.

Wash-leather plasters afford valuable support, especially where the knee is affected. They help to counteract the tendency to lateral expansion. Some appropriate medication, may, of course, be applied on them.

Gonorrhœal rheumatism is a very intractable disease. The greatest amount of good is to be hoped from Aconite, Mercurius, Pulsatilla, Clematis, Thuja, Sarza, Mezereum, and the iodides.

CONTRIBUTION TO THE STUDY OF THE PASSAGE OF EMBOLI THROUGH A PATENT FORAMEN OVALE.

BY
LITTEN.

At the autopsy of a woman, aged 43, who presented a gangrene of the right leg, the femoral artery and vein of that side were found obliterated by a thrombus, multiple emboli in both lungs, and older foci in the spleen and kidney, without being able to find any source of the emboli in the domain of the general circulation. Virchow, to whom the preparations were submitted, found a thrombus in the right auricle and a permeable foramen ovale by which the embolus had been able to pass into the arteries.
—*Lyon Med.*

VIRILE IMPOTENCE PRODUCED BY SALICYLATE OF SODA.—A little-known phenomenon of the action of Salicylate of soda is temporary virile impotence. Dr. Dubrisay observed, in three gouty patients young enough to be good tests of the question, an absolute but temporary virile impotence, which seemed to depend upon three or four grammes (grs. xlv—3 i) of Salicylate of soda administered for twenty days.—*Gazzetta Medica Italiana.*

A PATHOGNOMONIC SIGN OF PULMONARY EMPHYSEMA.—Amongst the varied conditions which conduct to what is called "death from natural causes," a very prominent position must certainly be assigned to pulmonary emphysema. When we consider the important rôle played by this disease in the drama of human existence, it is rather curious that, compared with other affections of the chest, it has been so systematically ignored and neglected. In many manuals it is, if not quite put out of court, quickly discussed and then quietly shelved. When we think too of the rare and insignificant complaints to the study of which some specialists have devoted the energies of a life time, we are surprised that so few have rested their fame on an exhaustive research into the natural history of emphysema. That the occurrence of emphysema is common enough, our consulting-rooms and the *post-mortem* table amply attest. That it is the first factor in an enormous number of cases which, in routine practice, are treated as primary morbid conditions of the heart, liver, and even of the brain, few careful men can doubt.

How do we recognize the existence of emphysema? Dyspnoea is common to so many diseases. Of course we look for perverted inspiro-expiratory ratio, and again in typical cases the contour of the thorax is most suggestive. But for all this it is easy to overlook its existence; as a matter of fact we know that it is frequently overlooked. It is on this account that I wish to draw attention to an indication which is at once easily detected and unmistakable. This evidence of the existence of emphysema is by no means of invariable occurrence, but I have not yet seen it where vesicular emphysema is absent, and when I do encounter it, it always

serves to attract my mind to this rather neglected condition. This physical sign, concerning which the classic memoirs are silent,* consists of a line or fringe of dilated, branching, cutaneous blood-vessels, pale purple in tint, running downwards and inwards from the lower edge of the anterior thorax in the direction of the insertion of the diaphragm. This vascular hemizone usually forms the upper boundary of the hypochondria, but on one occasion I saw it unilateral, running across the right side of the abdomen, four inches below the right rib-margin, corresponding precisely with the free border of an enlarged liver.

Is this vascularity sympathetic and similar to that which is sometimes seen in the breast or the ovary after long-established disease of the cervix uteri, or is it explicable on purely anatomical grounds? We know that the venous blood from the thoracic parietes is returned to the heart, partly *via* the intercostals, chiefly by the internal mammary veins. The latter pass up behind the sternum, and would suffer compression between that bone and a highly emphysematous lung. This would throw the blood, already ascending at a disadvantage, back upon the capillaries; the internal mammary arteries, exposed to the same condi-

* Some years ago Professor Laycock, of Edinburgh, a keen and careful observer, always on the look out for analogies, drew attention, I think in the *Medical Times*, to the existence of these vessels, referring to them under the name of "precordial vascularity." He made a curious observation that he had found this condition associated with a passionate temperament. More recently, Dr. George Johnson has described a peculiar change in the arterioles of emphysematous subjects. There can be little doubt that many men have detected this sign, and have relegated it to its right place; but I am not acquainted with any writing in which these vessels have been shown to be indicative of emphysema.

tions as the veins, would not experience the results of this as much as the vessels of the surface which are free from pressure. This then may be one cause of the peculiarly dilated state of the superficial arterioles which has been described above.—
Edward T. Blake, M. D.

SOCIETY MEETING.

The Homœopathic Medical Society of New York met at Albany, N. Y., February 8th:

The following named physicians who were nominated for Permanent Membership were balloted for and elected: Drs. Wm. Hanford White, Joseph Finch, Wm. M. Butler, Jacob S. Phillips, J. J. Peckham, Isaac Miller, E. W. Pryan, B. F. Williamson, H. M. Dayford, A. B. Rice and F. Park Lewis.

Elected to Honorary Membership: Drs. J. P. Dake, W. L. Breyfogle, Samuel Potter, F. D. Durkee, John C. Budlong and J. H. Gallinger.

Nominated for the Regent's degree: Drs. Charles T. Harris, C. H. Hurd, H. M. Paine, and Goewey.

Dr. H. M. Paine reported that there had been eighty patients admitted to the Homœopathic Hospital in this city during the year ending January 1st, 1881, and that seventeen now remained. There had been four deaths. The Doctor also reported that the House of Shelter was under good management, and doing excellent work.

Dr. John J. Mitchell, of Newburgh, read a paper on "The Experiment of Allopathic Homœopathy."

Dr. J. W. Dowling addressed the convention at length upon organic diseases of the heart and exhibited several pathological specimens.

The Chairman of the Bureau of Clinical Medicine being absent, the Secretary, Dr. H. L. Waldo, read

clinical notes, by Dr. J. C. Morgan, of Philadelphia, and also read by title some new observations on peptone, by Dr. H. D. Paine, of New York; erysipelas, by Dr. R. C. Moffatt; regimen for the sick, by Dr. H. N. Guernsey.

Dr. Delavan, of the State Board of Health, read a paper explaining the method pursued by that body in the matter of obtaining vital statistics; its study of prevailing and epidemic diseases; and its investigation and abatement of nuisances, etc.

Dr. S. H. Talcott, of Middletown, read a paper on circular mania, by Dr. W. M. Butler, of Middletown; and Dr. C. S. Kinney, on "Acute Delirious Mania."

Dr. Talcott also read a paper entitled "Restraint, or Non-Restraint in the Treatment of the Insane." He argued for "individualization of restraint, as practiced in the Middletown Asylum for the Insane."

At the evening session in the Assembly chamber of the new Capitol, President Wright delivered his annual address, and Dr. S. H. Talcott spoke on "The Insane Diathesis."

OBITUARY.

DR. RODMAN BARTLETT.

Rodman Bartlett, M.D., of this city, died of pneumonia, at his residence, on Saturday, February 5th. He was the fifth son of Loring and Phœbe Bartlett, and was born in Salisbury, Conn., August 7th, 1822. When 17 years of age he began to teach school at Sheffield, Mass., a pursuit which he followed three years. He began to study medicine in the spring of 1843, in the office of Dr. Luther Ticknor, for many years President of the State

Medical Society. He was graduated from the Geneva Medical College in 1847, and practiced in his native town one year. In 1853 he settled in New York, and immediately entered upon a large and valuable practice, which he retained to his death. The late Dr. F. Vanderburgh was the first person to call his attention to homœopathy. He gave the system a close investigation, and was converted while residing in Rhinebeck. Dr. Bartlett's wife died about a month ago. He leaves no children.

* COMMENCEMENT.

The New York Homœopathic Medical College held its commencement, February 3d, in Chickering Hall. The attendance was very large. Mr. Salem H. Wales, the president of the Board of Trustees, presided and conferred the degree of M.D. upon the graduates. Professor Dowling delivered the introductory address.

Prizes were presented to the following graduates:

"Faculty Prize" for the highest standing in all departments—a complete set of "Ziemssen's Cyclopædia of the Practice of Medicine"—to Chester A. Mayer, of Buffalo, N. Y.

For the second standing—a minor operating case—to Samuel W. Clark, Jr., of Philadelphia.

For the highest proficiency in all the junior studies—Helmuth pocket case—to A. J. Warner, of Watkins, N. Y.

The following gentlemen received honorable mention:—C. A. Groves, of Bradford, Pa.; E. T. Horton, of Pultney, Vt.; E. J. Pratt, of Yarmouth, Me.; W. J. Shrewsbury, of Brooklyn, N. Y., and E. H. Walcott, of Rochester, N. Y.

The valedictory on behalf of the graduates was delivered by B. S. Keator, M.D., and the annual commencement address was read by Rev. Dr. Conkling.

ITEMS.

The idea is advanced that Bright's disease is often caused by the immoderate use of ice water. The people of this country drink more ice water than any other, and we have 75 per cent. more of Bright's disease.—*Albany Journal*.

HORSFORD'S ACID PHOSPHATE. Speaking of this preparation, Edwin F. Vose, M.D., of Portland, Me., says: I have used Horsford's Acid Phosphate in my own case when suffering from nervous exhaustion, with gratifying results. I have prescribed it for many of the various forms of nervous debility, and it has never failed to do good.

Portland, Me., Oct. 2d, 1880.

GOOD SAMARITAN HOSPITAL, {
ST. LOUIS, MO. }

I have used in private practice Reed & Carnrick's Maltine, and I take pleasure in recommending it in the highest terms. My experience has been especially favorable with Maltine combined with Pepsin and Pancreatine, which I have found valuable in dyspepsia. The Maltine Ferrated I have prescribed in cases of general debility. I am happy to say that we are having very favorable results from the use of Maltine.

T. G. COMSTOCK, M.D.

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AND SANITARY SCIENCE.

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RELATIONS OF OCCUPATIONS TO
INSANITY.

BY

WM. M. BUTLER, M.D.

State Homœopathic Asylum for the Insane, Middle-
town, N. Y.

Insanity has become a subject of interest to every thoughtful mind. Limited to no rank or station in life, it is justly regarded the most dreaded scourge of humanity. With millions already invested in hospitals for its treatment, the people are continually called upon, through their legislators, for renewed contributions to meet its increasing demands.

Long since removed from the realms of the supernatural, and shown to depend upon a diseased brain, it has for years received the most careful study and diligent attention. Much has been discovered, yet still the disease prevails, and multitudes yearly fall its victims. In view of these facts it becomes us to study, in the closest manner, the disease in all its

bearings and endeavor to discover every check to its future progress.

It will be the object of this paper briefly to consider the effect of different occupations upon the production of insanity and the reasons for the relations which may be found to exist.

Any conclusions as to the relations of occupations, either mental or manual, to insanity, must necessarily be approximative from the imperfect statistics upon the subject and the numerous predisposing causes independent of vocation.

No trade or profession is exempt, all alike, both those who work with their brain or those who work with their hands are numbered among its victims.

To be more definite, we shall consider, first, the relative frequency of insanity among professional workers and the laboring classes.

Of twelve thousand four hundred and forty-five cases recorded in the reports of different asylums in this State, we find three hundred and eighty-four, or a little over three per

per cent., belonging to the professions, as lawyers, doctors, clergymen, teachers, editors, artists, or authors.

At first thought it would seem, that with ninety-seven per cent. of the inmates of our asylums, belonging to their ranks, the followers of the manual pursuits were in greater danger of insanity than their professional brethren. A study of the census report of New York State for 1875 demonstrates the falsity of this conclusion, as we find that less than two per cent. of the entire population above twenty-one years of age are engaged in the professions named, and less than one per cent. of the aggregate population.

For this indisputable predominance of insanity among the professions are there any assignable reasons? Are there any reasons why the brain workers in one State should furnish so large a quota of our insane? We think there are many causes, a few of which we will notice.

In each of the professions—of law, medicine and theology—peculiar dangers exist, rendering its members liable to insanity, yet we find from each about an equal number in our asylums.

Among the twelve thousand cases studied, we find from the law sixty-two one-hundredths of one per cent. (.0062), from medicine fifty-seven one-hundredths of one per cent. (.0057), and from theology forty-nine one-hundredths of one per cent. (.0049). From the census reports of 1875, we find the percentage of representatives from each of these professions in the State still more nearly equal, viz.: clergymen thirteen one-hundredths of one per cent. of the entire population, and lawyers and doctors, each, fifteen one-hundredths of one per cent. Hence, it is apparent that the causes tending to the production of the disease are about equal in each of the professions.

Of the causes equally potent in each we would mention as pre-eminent, first, the improper development of the brain by suitable preparatory training before the life work is begun. From the slight barriers to their entrance we find all the professions filled with numbers who have entered upon their work with the slightest possible preparation. Grown up to manhood, and accustomed only to manual labor upon the farm or in the workshop, numbers of young men conceive the idea of seeking a higher vocation in one of the professions. With brains wholly unused to continued mental activity they enter upon their professional studies. After two, or at least three years, of blind groping among the mysteries of law, medicine or theology, they are enrolled in one of the professions. What is the result?

Their minds undeveloped and lacking the power and elasticity acquired only by long, careful, systematic training of all the mental faculties, are incapable of performing the perplexing duties so unwisely assumed. Is it any wonder that their brains, from this constant excessive burden, give way; that reason totters, and that, like untrained racers, they fall before the course is half finished? The only marvel is that so many remain in reason's realm.

Another cause, alike applicable to all the professions, is the constant drain upon the brain, with insufficient rest and recreation.

Not content with devoting the day to his most perplexing duties, the professional man too often labors far into the night, and then when the much-needed rest is sought, his brain, stimulated and excited, either resists the spell of sleep or continues to revolve the same subjects in his dreams. Thus continuing day after day, and year after year, the brain at last becomes exhausted, and the mind wan-

ders off into the wildest delusions of fantasy, or sinks into the Cimmerian darkness of dementia. Not the least pernicious and uncommon cause of insanity in the professions is the unsuccessfulness of many who enter their ranks.

Free to all, their numerous prizes induce many to enter the professions who, from their natural abilities are entirely unadapted to the work attempted. Confronted continually by obstacles which they cannot overcome their efforts become a series of disappointments. Ever striving for honors just beyond their reach, the bright successes of those around them, throw into still deeper gloom their own failures. At last, discouraged and disheartened, all hope leaves them, and they fall into the ranks of that ever increasing army of minds dethroned.

Another frequent cause of insanity especially among lawyers and doctors, is the excessive indulgence in intoxicating drink.

Overworked, in mind and body, the need of temporary stimulus is felt, and the indulgence, at first only allowed for some extra effort, soon becomes a habit, hurrying the unfortunate into insanity.

Another source of danger, among lawyers and clergymen, arises from their inattention to out-door exercise.

Many of our most eminent members of these professions utterly disregarding this necessity, have from the tortures of a chronic dyspepsia reflected upon their brains, been transformed into tedious hypochondriacs or hopeless melancholics.

In addition to the general causes mentioned, we find the Physician especially endangered by the general irregularity of his life, and far too frequently exhausted by constant exposure and fatigue, with lack of rest and sleep, worn out in body and mind, he becomes a hopeless lunatic.

Next to the professions we find the class most productive of insanity to be the farmers.

With but five per cent. of the general population, we find eighteen per cent. of the inmates of our asylums are farmers, while the next most fruitful source of insanity, the laborers, with an equal per cent. of the inhabitants of the State, only number eight per cent.

This estimate made upon the inmates of our city, as well as the rural asylums, while not absolutely correct, can be considered as essentially reliable.

What reasons can be assigned for the great prevalence of this disease in this occupation, usually considered as the most healthy?

Without going into detail, we will simply mention as a few of the most powerful causes at work among this class:

1st. The constant worry and anxiety of the farmer, caused by the fickleness of the seasons and the uncertainty of his crops.

2d. The constant exposure to the intense heat of summer and severe cold of winter.

3d. Frequent drinking of large quantities of cold water when overheated.

4th. Improper diet, with rapid eating, and inattention to the necessities of digestion.

5th. Excessive bodily exertion for too many hours, with insufficient rest and sleep.

6th. Constant concentration of the mind in one direction, with too much solitude and too little mental diversion.

This list of dangers, some of them comparatively unimportant in themselves, form an aggregate sufficiently formidable to produce all the mental wrecks so frequently encountered.

With this consideration of the dark

pitfalls, in which so many have been ruined, let us consider some preventives which may keep others from meeting a similar fate.

PREVENTIVES.

The name American has become synonymous with rush, bustle, push. Our national need is greater moderation and less haste to get rich. Our people should have less work and more play. A greater number of holidays and more amusements suited to the needs of each class.

Every professional man should have some hobby outside of his profession. Let him raise alderneys, cultivate flowers, paint, practice music, geologize, do something suited to his tastes which will take his mind out of the rut of his business routine. Let the lawyer and the minister ride horseback, row, box, practice in a gymnasium, and by developing their muscles and stimulating the digestive organs, bid defiance to that most pernicious enemy, dyspepsia.

The needs of the farmer are no less imperative. Let him, by making himself acquainted with the necessities of his body, avoid the dangers incident to his daily toil.

By useful reading, and as far as possible by lectures, concerts and general amusements, he should surround himself by a world not limited by his boundary fences.

Let him fill his mind with the thoughts and ideas of great men and the world outside, and his own little cares and anxieties will contract and diminish, and his mind less frequently sink into the realms of despair or become filled by the frightful ghosts and illusive spectres of mania.

If our people, remembering the efficacy of the ounce of prevention, would strive more urgently to properly develop and preserve their minds when in health, there would soon be

no need of new asylums, and few inmates in those already constructed.

VERIFICATION OF SYMPTOMS—COLINSONIA—HABITUAL CONSTIPATION.

BY

C. L. J.

Petersburgh, Va.

Mrs. E—— had a severe case of typhoid fever, lasting for three weeks, which was successfully treated by the proper remedies indicated. A very obstinate constipation was present, which lasted for four weeks from the commencement of the disease, so that every fifth day a large injection of simply warm water was administered to evacuate the bowels. Although Nux vom. was given in the course of the disease for other symptoms, which was promptly relieved by it, it had no influence on the bowels. During the third and fourth week there was much rumbling in the bowels, slight tympanitis, flatulence and constipation, which suggested Lycop. It relieved some of the symptoms, but not the constipation. Some urinary trouble was promptly relieved by Pulsatilla. In the fourth week slight hæmorrhoids made their appearance.

While thinking over the case and looking for more symptoms, I learned that the lady *always* had suffered, from early youth, with constipation. This circumstance settled my choice. I had to deal with *habitual constipation, hæmorrhoidal tumors, distended abdomen, a great deal of flatulence*, and thought *Colinsonia* can. would cover the case. I gave her *Colins. 1x, 12 gtt.* in 2oz. water, of which she took doses (teaspoonful each) during the evening. The next morning, for the first time in four weeks, she had a natural movement of the bowels; the flatulence, etc., disappeared, though

the medicine was stopped, she had for six months afterwards a regular stool *every morning*. She left the city, promising to inform me should any trouble again arise. Not having heard anything (now about four months) I presume that everything was all right, and that the *Colinsonia* cured the case.

THE TREATMENT OF ALBUMINURIA.*

BY

M. M. WALKER, M.D.,

Germantown, Phil.

June 4th, 1879, Miss H. C.—aged twenty five years, presented herself for treatment. Her face, hands, feet, and abdomen were œdematous; urine dark, and insufficient in quantity; she had a hacking cough, worse at night; respirations 30 per minute, and very much accelerated by gentle exertion; the left lung exhibits considerable dullness. Her mother died five years ago, during her climacteric, of general debility, although some of the family say she died from phthisis. About four years ago, a sister aged seventeen years, died from phthisis. I prescribed, at this time, phos. 30th trit., a dose every three hours, giving her twelve powders, and requested her to bring a sample of her urine the next time she returned.

June 7th. She cannot lie down to sleep, but must sit up almost straight; her cough continues about the same. I gave her phos., 30 trit., three times daily.

June 12th. By testing the urine with heat and nitric acid, I found twenty-five per cent. of albumen in the test-tube. The patient was rather irritable and indifferent in dis-

position. Her general condition not being much improved by phos., I gave her uranium nit. 30, every four hours, which caused improvement.

June 24th. Still improving, but not so rapidly. Uranium nit. 30, three times daily.

July 23d. She has been away from home for three weeks, and was a great deal better but is not so well now. I continued the remedy. There is ten per cent. of albumen in the test-tube at this date.

August 23d. She has taken cold, and has pain in her left side all night. She has now no swelling of the limbs, and the albumen is diminished to two per cent. Her abdomen feels uncomfortably swollen at times. A former follicular pharyngitis has been renewed, and if alone, she clears the throat frequently. She has a slight hacking cough. Phos. 30 not having done much good on former occasions, I now prescribed phos. acid, 200.

September 6th. The patient is very nervous; she has a hacking cough with scraping in the larynx; an examination by laryngoscope reveals thickening of the right vocal cord; the condition of the upper left lung is about the same; over other parts of both lungs, the respiratory murmur is distinctly heard; the action of the heart is regular except when she is nervous, when it palpitates. Thinking phos. would act better after phos. acid, I prescribed it in the 200th.

September 15th.—She complains of scraping and soreness in the throat and larynx. Her back gets very tired. She has prolapsus uteri and a dark colored leucorrhœa. She received sepia 200.

September 27th.—Her back, and many of the uterine symptoms are better, but she still has the tickling cough with scraping in the larynx and hacking. Phos. 200.

October 7th.—She has taken more

*Read before Homœopathic Medical Society of Pennsylvania.

cold, but as she was benefited by Phos., the prescription was renewed.

October 13th.—Her cold is worse; she is more hoarse than a week ago and has a hacking, hoarse cough. I gave her Hepar sul., 200.

October 28th.—The cough is tight, but there is not so much tickling in the larynx; tightness across her chest. Phos. 6 was given her.

November 12th.—The cough has improved since the last prescription, but a tickling in the supra-sternal fossa is now very annoying. For this I gave her Rumex c. 200.

January 3d, 1880.—Her cough symptoms are all better. She now has a great deal of palpitation of the heart when lying down, and worse in a warm room. I prescribed, for this, Puls. 200.

January 19th.—To-day there is present one per cent. of albumen in the urine. Since August 23d, the amount of albumen has varied from one to two per cent. She has taken more cold and is chilly; takes cold in the night air; dyspnœa; cannot walk against the wind; hands and feet cold; cough, worse at night. The palpitation is much better. Cal. c. 200.

March 8th.—She has cough, with stitches in the chest, for which she received Bry. 200.

March 26th.—There is only a trace of albumen. She still has the cough, and received Phos. 200.

April 10th.—There is two per cent. of albumen in the urine. She complains of tightness across the chest. The tickling in the throat improves more under Phosphorus than under any other remedy, so it was continued.

April 24th.—She is easily fatigued; the more she walks the worse she gets; backache. Bry. 200.

May 1st.—As she is going away to be absent for three months, I gave

her the following remedies: for cold stitches in the right side, Bryonia 200; for the tickling cough, Phosphorus 200; for the albuminuria, Uranium nit. 30.

August 2d.—She has returned much improved. For a cold contracted on the journey home, I gave her Bry. 200.

This young woman has earned her living ever since I have been treating her, although she could and should have been cared for by her father. This is one of those cases that Buchner describes, in which Bright's disease is more or less dependent upon phthisical parentage or predisposition. I think the young woman's life has been prolonged and made more comfortable, and the albuminuria kept nicely in check by homœopathic treatment, although the predisposition to constitutional troubles comes up at every opportunity.

In a paper on this subject published in the *Hahnemannian Monthly*, of March, 1876, I copied the symptoms of uranium nitrate, the most prominent of which are: ill-tempered; cross and disagreeable; pain over left eye; a constant sensation of faintness at the stomach, even after a hearty meal; micturates twelve to twenty-four times in twenty-four hours.

I find many patients with Bright's disease ill-natured, hard to get along with, and cannot describe their symptoms. If these have white, swollen faces, dyspnœa, urine which in appearance does not look abnormal, and contains a high percentage of albumen, I always find that under the use of Uranium nit. 30, given every three hours, for several days, then cease its administration after improvement sets in, resuming it before they begin to grow worse, the patients will improve wonderfully.

I find the best objective symptom

of helleborus niger to be: black urine with a black cloud near the bottom of the chamber, or a coffee-ground sediment. Hellebore 33m, has cured some cases for me in a week, where the affection followed scarlatina or diphtheria.

It is really wonderful how these cases improve under homœopathic treatment, and what fatality is found under the old-school method.

"COLDS"—HOW TO PREVENT THEM.

BY

H. W. TAYLOR, M. D.

Crawfordsville, Ind.

The process of "taking cold," so called, is one that has received very little scientific attention in the way of investigation. The pernicious fashion of attributing all diseases to some atmospheric influence, prevailing simultaneously with the diseases has in a measure cut off investigation. Therefore, the theory hereinafter advanced is comparatively new and unheard of. Nevertheless I believe it founded upon a bed-rock of physiological fact.

Having been all my life very "subject to colds," I naturally gave the matter a great deal of thought. At first I expended all my energies in experimentation upon clothing. Woolen underclothing, silk underclothes, were tried, momentarily praised and finally condemned. Great-coats of all materials, including wolf-skins—(my last vagary) along with furred boots and furred gauntlets, etc., were resorted to with the effect of raising my hopes only to have them dashed to the ground again.

Five years ago I observed that I usually "took cold" during the night. And further observation led me to see that it was not upon nights in which I

was on professional business, but upon nights in which I went to bed early *after a full supper*. I observed after a while, that if the supper were extremely light that the "cold" was correspondingly less severe. I observed if, (in consequence of any great mental pre-occupation) I allowed myself to eat very moderately the "colds" were greatly diminished. Of course all these variations *could* be attributed to changes in the weather. But, being bent upon investigation, I determined to subject this supposed fact to a scientific test. So I purchased a thermometer, tested it by one of known reliability and set about my observations in the winter of 1877-8. The result of these observations was most perplexing. I found that no relation whatever could be found to exist between any degree of temperature and "colds," save the very general relation that "colds" were a little more frequent in winter than in summer. As to changes of temperature, my observations extending over three years, proved that no relation whatever exists between such changes of temperature and the taking of "colds."

What then are the conditions which result in and bring about "colds?" The pursuit was like groping in the dark, because there was no absolutely discovered point of departure save that in twenty-five persons under observation from the first of September, 1877, to the first of June, 1880, colds stood in the ratio of 9.8 (9 and $\frac{8}{10}$) in the months of May, June, July and August to 11.3 (11 and $\frac{3}{10}$) in the months of November, December, January and February. March and April were almost precisely the same as September and October. The result varied a little in the different years. Thus an epidemic of "influenza" occurred in March, 1877, and a similar one in October, 1880.

Beginning all my investigations with myself and family, I came to the conclusion that the old problem of physiology as to "heat-producing" food being required in greater quantities for winter *must be reversed*. Not only is it *not* required, but it is *absolutely prohibited*. In other words, animal food must be taken in smaller quantities in winter than in summer. And this is a *law* of digestion and assimilation. A law that is immutable as life itself in the abstract.

I found it in this wise:

Observation disclosed to me the fact that the quantity of urine was greatly increased while I was subjecting myself to an almost exclusive flesh diet in 1878, with the view of reducing my two hundred and twenty pounds to a more wieldy figure. On testing the specific gravity of the urine, I found the variation within the standard of health so far as the specimens of urine were considered. But putting myself upon a vegetable diet, I was astounded to find that the decrease in the *quantity* of urine was startling—viz.: one-third to one-half! And this decrease had no special reference to the amount of fluids ingested in the time, as a series of actual measurements show!

Let us look at the salient points of this proposition.

A largely animal diet greatly increased the amount of fluids and solids excreted by the kidneys. It greatly increased transpiration by the skin. It greatly increased discharge of mucus from the mucous membrane of the air passages.

An exclusive animal diet aggravated these conditions. An exclusive vegetable diet decreased the fluids and aggregate solids of the urine from one-third to one-half. It greatly decreased the *discharge from mucous surfaces*. It perceptibly decreased transpiration by the skin.

Remembering the complementary functions of kidneys, skin and mucous membranes, the explanation of the above phenomena is before us and the riddle is solved. Kidneys, skin and mucous membranes labor to get rid of the so-called "heat-producing" animal food. The skin cannot do its whole duty in winter, and more animal food is taken in winter than in summer; hence the kidneys and *mucous membranes* have a doubly increased labor to perform. Hence, the increase of the general average of "colds" in winter.

Were it not for the taking up of too much room, I might make this paper appear to better advantage by introducing my tables with their logical deductions. I hope to do this at some future time. I might here relate how that, acting upon my discoveries and deductions, I have kept myself and family (and a few patients who would obey me) *absolutely free* from colds through the winters of '79 and '80, and '80 and '81, up to the present time. But these matters are subject to the practical observation of every physician who may read this paper, and I beg that he make the trial for himself.

But there is one conclusion that is forced upon me with a startling force, amounting to the irresistible, viz.: that *animal food is not assimilated in the human organism in any degree whatever!*

I am aware that this is the very extremity of heterodoxy, but I can't help it. And it being the truth, as I verily believe, I don't want to help it. I shall only stipulate that the critics shall do something more than rehash the stale opinions of fossil physiologists, when dealing with this article. Let us "*prove* all things." And the way to prove or disprove the propositions here set forth, is to make the experiments in person.

ITEMS FROM PRACTICE.

BY

M. W. BRUBAKER, M.D.

Barry, Ill.

Epistaxis.—I was called New Year's morning to see Elmer M., a stout young man, who was bleeding profusely and persistently from the nose. I found he had been bleeding about four hours; was lying on the bed, pale and weak. I saturated a piece of cotton with a solution of persulphate of iron and, plugged the anterior nares. I then got him right up out of bed, had him stand against the door, and have his head thrown back, and arms held up, put cold water on the back of his head, and compressed the carotids. The blood was escaping into his throat, and considerable had been swallowed, and soon began to vomit, also grew blind, and began to sink exhausted. I called help and held him up, continued the cold water, also gave diluted Tinct. iron to rinse out his mouth, and in about ten minutes he began to rally, said he could see, and the hemorrhage ceased, much to his joy. I then let him be seated, but continued for a time to hold up his arms and keep back his head. Then I had a chair placed in bed and let him lie down, head elevated, and soon left him in a quiet sleep. He went to his home, a mile and a half in the country, and began to bleed again the next day, but checked by the time I reached him. Again at 11 o'clock that night I was called, and found him bleeding badly. It took me more than an hour this time to stop it, and I had about concluded to plug the posterior nares, when it was controlled. The next morning he sent for medicine, and I put him on 15-drop doses of Tinct.

Ergot every two hours, and at 2 P.M., in company with Dr. McK., went out, intending to plug the posterior nares, but found it unnecessary, the bleeding being very soon permanently arrested by the Ergot. The trouble was caused by pushing a straw accidentally up the nose.

Lumbar Neuralgia.—I was called, January 13th, to see Mrs. H., aged 66, who was suffering greatly from neuralgic pains in side and back. I took my Faradic battery with me and gave her treatment for about 40 minutes with positive current over the affected part, placing feet on zinc plate with the negative. Gave Aconite and Atropine, low, every hour in alternation. Gave four treatments and dismissed her well. She said she had not felt or slept so well for months. She had been subject to the trouble for long years, and was surprised at the immediate relief.

Nitrite of Amyl in Severe Cough.—Otto M., about 10 months old, had had Rubeola with slow recovery, and was suffering from a severe cough, being confined wholly to night time, especially from 10 to 3. I tried in vain the usual remedies, Puls. Spongia tost., Tart. emet., San., etc., but the case grew worse, till at a severe coughing fit the blood gushed from the nose. The parents were alarmed, and came to me to see whether anything else could be done. I gave about 10 drops of Nitrite of Amyl in a half glass of water, to be taken in teaspoonful doses every hour or two. It acted like magic, and the child had but little coughing since, and began to eat and get strong. I dissolved the remedy in a little alcohol before putting into water. I would like to hear more of the experience of others with the remedy in such cases.

PREVENTION OF SPINAL CURVATURE.

BY

F. L. DAVIS, M.D.,

Evansville, Ind.

How to prevent spinal curvature is a question of great concern to many persons now living and will be to many who will yet live, and to learn people how to grow straight who incline to grow crooked, is the lesson desired to be taught in this paper. That the readers of this paper may fully comprehend the writer's meaning, the following case is reported with brief comments.

Maud P., 4 years old, fair complexion, plump and intelligent as children ordinarily are and generally healthy. (Has a rickety brother six years old, with curvature of the spine well marked, is pigeon breasted, shoulders nearly to his ears, has been treated with plaster paris jacket and splints of various kinds by old school physicians, but without benefit)

Last March, Maud had pneumonia, and was treated nine weeks, by Allopathic *Doctors*. Three or four of them saw her during that time. On the 31st day of May 1880, the writer received a note from the mother, urgently requesting him to visit her child, saying "in him rested her last hope."

With the boy already deformed, twisted and crooked, and assured by her physician that Maud also, if she lived, would be a companion in deformity with the boy, made for her a gloomy outlook, and caused her to turn elsewhere for help. At that time the case was by no means a flattering one—being pale, feeble, coughing, and expectorating a tough, tenacious mucus. Left lung atrophied, left shoulder drooped about two inches lower than the right one, left half of chest sunken, left lung very sore to

the touch, scarcely any evidence of the air passing into or out of the lung, and left lateral curvature of the spine, the spine being very sore to the touch.

Treatment was by manipulation, and medicine. Began treatment by rubbing the spine entire length, passing the thumbs down the spine with as much pressure as the child could bear; kept it up for at least 15 minutes, also gave the spine all the movements possible to make by bending the child forward and backward and gave lateral motion by bending it over my hands. This was done to stimulate a healthy flow of blood in, and through, and about the spine and muscles, stimulate the ligaments, put the joints in motion, thus lift up the bending spine, and allow the natural development of the bony structure. Supported the shoulder and arm with bandages for two or three weeks, then appealed to the child's intelligence to try to stand erect.

The rubbing, and bending was kept up daily for at least three months; after that only occasionally for three months longer. The medicines given were Lachesis, Phos., Calc. carb. At this writing the child is well, fat, and hearty, and stands erect with a perfect spine, and lung apparently restored.

Too much stress cannot be put upon the movement and manipulation of the spine in cases which are curving and which have a tendency to curve.

The structure of the human economy is made for movement. The spine being the central axis around which that structure revolves, should be kept in perfect trim, and when obstructed in its natural movements by contraction of muscles or ligaments. The obstruction should be removed by putting the obstructing muscles or ligaments on the stretch, and assist to give it motion, and thus

stimulate it to action, and enable it to command the movement of muscles and ligaments and parts, and permit the owner of the spine to walk erect, and fulfill the design of Him who invented man.

ARSENICUM JODATUM IN SCROFULOUS OPHTHALMIA*.

BY

W. H. BIGLER, M.D..

Philadelphia.

A candid examination will show, I think, that in the case of a very large number of our useful remedies, their applicability to certain diseases, or groups of symptoms, has not been derived from a study of their provings, but is based upon their empirical use in disease.

The casual eye symptom in Allen's Encyclopædia, under *Arsenicum jod.*: weakness of the eyes, with burning pain; feeling as if lachrymation would set in—would surely prove of little value as an indication for its use in diseases of the eye. In *Guiding Symptoms* we find, in addition: smarting about the eyes; secretion from the meibomian glands; coryza. Hale, alone, so far as I can discover, has recommended it in strumous ophthalmia. With a knowledge of the approved range of *Arsenicum alb.*, it requires but a slight effort of the scientific imagination to picture the cases where *Arsenicum jod.* will be found applicable.

I have been using it, for several years, with marked success in scrofulous ophthalmia, with tendency to ulceration of the cornea, in the great number of cases occurring in the Eye Department of the Dispensary con-

nected with the Homœopathic Hospital of Philadelphia.

As we most frequently meet with scrofulous ophthalmia in the very young, either infants or children, the reliable symptoms are almost entirely objective. We will find that the remedy has a range almost identical with that of *arsenicum alb.*, with the addition of the more pronounced iodine dyscrasia.

The patient is ill-nourished, but not necessarily emaciated, with the pale, pasty complexion, and hard, distended abdomen, so characteristic of a scrofulous diathesis.

The skin easily becomes sore from a trifling wound or hurt, remaining red and irritable for a long time, but without suppuration. The red and shining skin around the hard and brittle finger-nails, seems constantly to threaten the formation of a paronichium.

The glands of the neck are swollen, but not painful.

The eyelids, most frequently the upper ones, are cedematous and swollen, and are spasmodically closed on account of the intense photophobia, which also compels the child to hang its head, or to bury its face in its nurse's lap or arms. The tarsal margins are tumefied and red, and become excoriated in consequence of the acrid discharge. Lachrymation, on endeavoring to open the lids, is generally very profuse and excoriating.

The injection of the ball is not, generally, very intense, but is deep seated, as in all corneal affections. The phlyctenulæ are on the cornea, or on the limbus corneæ, and tend to break down into superficial ulcerations. If these phlyctenulæ are confined to the conjunctiva, the remedy is rarely indicated.

There is also, as in *arsenicum alb.*, an acrid, watery discharge from the nose, excoriating the nostril and upper lip.

*Read before the Homœopathic Medical Society of Penn.

The child seems to suffer more from itching of the lids than from pain, for it will violently rub its eyes with its fists, with evident relief for a time, of the symptom that caused the action. Add to these a fretful restlessness, night and day, and we complete the picture of a case of scrofulous ophthalmia that will most probably be benefited by arsenicum jod.

I use the third decimal in water, a tablespoonful every three hours, for days or weeks at a time; without aggravation, and without anything to induce me to "go higher."

VESICO-VAGINAL AND RECTO-VAGINAL FISTULA.

BY

WM. D. HALL, M.D.,

Altoona, Penn.

Mrs. McC., age 55, dark sallow complexion, dark hair, applied for treatment, about one year ago. She stated her case as follows: She had been sick and under constant treatment for eight years. She complained of intense burning, smarting and sticking pains in the vagina, with a constant escape of urine from that passage, with soreness and rawness of the labia and thighs; also, a feeling of wind or gas escaping, making, at times, a loud noise, and when from any cause she had an attack of looseness of the bowels, a small amount of stool would come away from the vagina. During the season for berries, after eating them she would have to remove a large number of the seeds from the vagina. She seldom went into society on account of her condition, as the escaping urine and stool caused an irrepressible odor about her person. She was emaciated and very despondent. I made a careful examination of the

whole posterior surface of the bladder, and readily found the fistulous opening. Passing a No. 8 English catheter into the bladder, and a finger into the vagina, the point of the catheter and finger being brought into apposition at the fistulous opening, the catheter readily passed into the vagina. Search was then made for the recto-vaginal fistula, which, by the aid of a speculum, was readily found. The opening was covered by a small growth like a flap or valve, in shape like the end of a rabbit's ear, something like a quarter of an inch in both length and breadth; its free extremity could readily be lifted up by means of a probe and laid back. The opening was small and oblique, and admitted a large probe, which passed into the rectum and came into contact with the finger introduced therein.

A careful collection of the following prominent symptoms: Great sadness and despondency; yellowish complexion, sunken eyes; gums, mouth and throat sore and ulcerated, with much pyalism and burning, sticking pains—all symptoms worse on a change to damp weather, with a suspicion of a syphilitic taint, led me to prescribe nitric acid, ^{6x}, every three hours, with a mild injection of a solution of equal parts of glycerine and rose-water. A rapid improvement, followed by a prompt cure, resulted from this treatment in seven months time, so that to-day the vesico and recto-vaginal fistules which resisted "heroic treatment" eight years, are completely healed, and only a darker color of the mucous membrane shows where they had been. The treatment was kept up, almost constantly, for eight months. Sometimes several days were allowed to pass without any treatment, except the twice daily injection. The little flap-like growth sloughed off in one month's time.—*Ibid.*

GANGRÆNA.

BY

J. J. DETWILLER, M.D.,

Easton, Penn.

Miss T., aged 62 years, sent for me December 6th, 1877. She had a small purple spot on the inside of the small toe next to the big toe. She attributed the discoloration to a slight cuticular abrasion caused by cutting a soft corn. This discoloration commenced to spread, manifesting the perverted vascular action of an inflammatio debilis; converting the greater part of the toe into a black, shrivelled eschar. From the first she had great restlessness, pain, heat, swelling, redness, burning, and tingling in all the toes of this foot, and also cramp in the calf of the leg. I prescribed *Secale cornutum*, and applied topically, bread and milk, with the addition of crude pulverized charcoal, incorporated into a poultice. The next day I found no improvement; on the contrary, there was a marked tendency of the distemper to spread upwards, and great uneasiness, with tearing, burning pain in the affected part, which was relieved by moving. *Arsenicum album* 30th was now administered, and the local application continued. On the 8th the mortification had ceased to extend, showing at the living margin, heat, swelling, redness, and a well marked tendency towards forming a line of demarcation. On the 9th the destructive progress of the disease was completely arrested, and a well defined line of demarcation established. The same treatment was continued until the 15th, when the dead and noxious part was removed, after which the patient continued to convalesce, and by the 19th of January, 1878, she was completely restored to health.

On the 25th of July, 1878, the same lady sent for me again, having

noticed a dark bluish spot on the extremity of the big toe, on the same foot. I found the cuticle detached and the skin under it of a dark red color. She felt great uneasiness through the foot and ankle joint, particularly at night, and tearing pains, heat, redness, and swelling supervened. *Arsenicum album* the 30th was again given, and the same local applications ordered. On the next or following day, I found great improvement. By the 29th the gangrænous inflammation was arrested and the line of separation could be traced. On the 6th of August the gangrænous portion of the toe (which involved nearly one-half of the member) was amputated, after which she made a good recovery, and by the 20th could walk without limping or aid of a cane.

In a case of severe compound, comminuted fracture of the femur, involving the knee-joint, where acute humid gangrene of the foot and leg ensued, with a tendency to spread rapidly upwards, accompanied, from the first, by the most formidable constitutional symptoms, *Arsenicum album* 30th arrested the mortification. Even after the amputation of the thigh, gangrene occurred in the stump after the first day of the operation, when *Arsenicum* again arrested the mortification, and, counteracting the typhoid symptoms, saved the patient's life.—*Ibid.*

— — —
ELECTRIFYING THE INTERIOR OF THE STOMACH.—M. Leven reports several cases of uncontrollable vomiting treated with success by electrifying the interior of the stomach. The current is passed through an œsophageal sound. M. Leven has been able by this means to stop in a short time vomiting which had resisted all previous treatment.—*Le Progres Medical.*

MEDICAL TERMS.

BY

M. W. VANDENBURG, M.D.,

Fort Edward, N. Y.

This appeal may be in behalf of ignorance, but it is also in behalf of simplicity and uniformity. I do not just now remember any particular science that has received material aid in its development from the multiplication of terms for the same thing.

If "quackery" be a science, perhaps exception should be made in its favor.

I must plead ignorance when I sit down to decipher the February number of your journal.

In the second article, by Dr. Ricardo, I read, "Arnica 30, and Cham. 30." In the next article, by Dr. Meurer, I read, "Podophyllum pelt. 3x, Nux vom. 10x; also the 10x attenuation x. x. and the 30."

In the following article, by Dr. Boock, I read, "the 3d for adults and 6th for children;" also "Spongia 1st."

In the next by Dr. Ricardo, and the following by Dr. Morgan, occur "Phos. 30, &c., "Rhatania 200," "Aconite 3," "Psorin. 16c."

The next, by Dr. See, "Apis. 30."

The next, by Dr. Williams, "Zincum sulphuricum 200."

In the next, by our famous Prof. Hale, we get two kinds; no, I was wrong; three kinds: "Oxalic acid 30, Aconite IX, and Strychnia 30th."

The next, by Dr. Detwiller, has "Hamamelis 6th." It is really too bad. I feel sorry for the doctor. Could he not invent *his own* personal expression for the dilution used?

Now let us bring them together. In only one more article in the present number is any mention made of the strength used, and that is by Dr.

Smith, on Calendula. He speaks of "the pure tincture."

To sum up, then, and abbreviate:

Arn. 30, Pod. pelt 3x; Nux vom. 10X; the 10X attenuation and the 30; the 3d and 6th and Spong. 1st; Phos. 30, Rhatania 200, Aconite 3, Psorin. 16C; Apis.³⁰ and Zin. sul.²⁰⁰; Oxal. ac. 30, Acon. IX and Strych. 30th; Ham. 6th; "the pure tincture."

As our Greek professor used to say to us in college recitations, after pronouncing the text in an unknown tongue, "Pause there! Translate!"

This we know, 1x, 2x, &c.; and this also, 1c, 2c, 3c, &c.; and this too Tinct. But what is this: "3, 30, 3x, 10X, 3d, 6th, 16C, ³⁰, ²⁰⁰, 200, 30, IX, 30th, pure tincture?" Shall I read $\frac{1}{30}$, or the thirtieth-tenth dilution expressed by 30x? For 3X should we have 3x? For 3d, 3x or 3c, or only $\frac{1}{3}$? Does 16C mean that the dilution of the "mother tincture," or Tinct. has been sixteen successive times made with one part of Tinct. in the first case and 99 parts alcohol? For ³⁰, ²⁰⁰, 30, 200, shall I read 30x and 200x, or $\frac{1}{30}$ and $\frac{1}{200}$? Are 30 and 30th and ³⁰ all the same; and if so, what are they? Have we any impure tinctures; if so, how are they made?

If one may write 3, 30, 200, ³⁰, ²⁰⁰, 1st, 3d, why may they not write 1, 2? In short I do not see the use of this mixture of symbols in the first place, and in the second, I am not sure I understand correctly their signification. I see through a glass darkly. I see in part, but I would see more plainly. Please translate.

NOTES BY THE EDITOR.—Our correspondent evidently desires to draw attention to the multiplicity of formulæ by which physicians are in the habit of designating the potencies. It would certainly be better if all would unite in designating the poten-

ties by the decimal system, *e. g.*, Mother tincture, 1 dec. or x, 2d cent. or c, etc. Such uniformity ought to be recommended by the American Institute and the State Societies.

TYPHOID FEVER.*

BY

T. C. WILLIAMS, M.D.,

Philadelphia.

CASE I.—In one of the worst cases of typhoid fever which ever came under my observation, and which seemed hopeless, Thuja performed an astonishing cure. The man was about sixty years of age, spare, of medium height, foreman in a foundry or machine shop. He was taken in the usual way, and was well on in the third week of the disease before he would give up. He became tremulous, stupid, delirious, muttering; the skin was continuously hot and dry, the urine greatly diminished in quantity, passing about four or five ounces in twenty-four hours, and of a peculiar deep color and of a bluish tint; his abdomen was greatly tympanitic, resonant, and covered with the characteristic eruption. He had a great deal of coughing, clearing the throat and raising of tough, stringy mucus; the teeth were covered with sordes; tongue brown and dry as sand paper, and there was much stiffness and soreness of the muscles and joints. I gave him Thuja 200, every two hours at first, and less frequently as the case progressed. He had no other remedy throughout his entire illness, and made an astonishingly good and uniform recovery.

CASE II.—I was called to visit Miss W. about the first of March, 1880. She had suffered much for more than

two years; she had consulted many physicians, and had been treated for inflammation of the spine, Bright's disease of the kidneys, dyspepsia, etc., getting worse and worse, being unable to walk, and having to be carried from room to room or wheeled on an invalid chair, quite helpless—she was greatly discouraged. She had been heroically treated by blisters, croton oil, and many internal remedies. This lady is about twenty years old, of medium height and nervous temperament. I found, on examination, great tenderness along the spine; the right hypochondriac region swollen; exceedingly tremulous; tongue brown; dreaming and wandering every night. I gave her Thuja 200, more or less frequently for three weeks, and no other remedy. She began to improve every day, and in three or four weeks' time to walk about. She wrote me the other day from Pittsburgh, announcing herself quite well. In one or two other cases with nearly similar symptoms, but not so grave, the above remedy has had equally good effect. In all the cases the bowel symptoms are those usually met with. We think that the above indications are those that distinctly point to the use of the remedy given—*Ibid.*

World's Homœopathic Convention, 1876, Volume II., History. We are desired by the editor to state that the above book is completed and has been sent out. If any one entitled to receive a copy has not done so he will please notify Dr. J. C. Guernsey, 1923 Chestnut street, Philadelphia.

DIED.

Mrs F. H. Boynton, wife of Dr. Boynton, of New York City Feb. 18. 1880.

In Barre, Vt., Feb. 22nd 1881—of Abscess of lung, following Pneumonia Chas. H. Chamberlin M.D. æt. 45.

*Read before Homœopathic Medical Society of Pennsylvania.

THE
AMERICAN HOMŒOPATH.

*A Monthly Journal of Medical, Surgical
and Sanitary Science.*

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Our columns will always be open to a courteous and fair discussion of all subjects connected with our practice, as much as our space allows; but we do not hold ourselves responsible for the opinions of our contributors, *unless indorsed in our editorials.*

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NOTICE.—It has been the custom of this house to discontinue the sending of Journals at expiration of time paid for. We mention this because contrary to the practice of other publishers and because many of our Patrons have experienced disappointment by the non-receipt of Journals which they had not *ordered* stopped. In the future discontinuance will only occur when ordered.

A. L. CHATTERTON PUBLISHING CO.,

P. O. Box 3519, New York City.

CORRESPONDENCE.

OUR QUERY BOX.

Why not, Mr. Editor? Teachers' Institutes have them, and they generally make the most interesting and profitable hour of the session. Our educational journals and secular papers have them in the shape of "curiosity shops," "answers to correspondents," and the like; and why not a medical journal? I may believe my answers to a question to be correct, and yet, when put to the test, or subject to criticism, it may prove very erroneous. Or I may be ignorant and want light. Then why not ask questions and get answers? Why not send them to "Our Query Box"? Let the questions be such as are of general interest, or practical. Let

the answers be clear, brief and pointed. We submit the following as the "nest egg" of our subject:

1. A spot about the size of pellet No. 40, on the lower margin of the cornea; dark-red color; came rapidly; intense pain and photophobia; pressure relieves; no unusual lachrymation. What is the *diagnosis*?
2. The above eye has cataract, of long standing. Had this anything to do with the acute case?
3. What is the proper *treatment* for case 1?
4. In child-bed, what form of inflammation usually precedes puerperal peritonitis?
5. In child-bed also, what disease precedes uterine phlebitis?
6. Is tubercle a homologous or a heterologous deposit?
7. Briefly, what are the best methods of detecting feigned insanity?
8. How is the emaciation of disease to be distinguished from that of starvation?
9. What was the "Milwaukee Test"?

10. Is a physician ever *legally compelled* to make visits or render professional services? If so, under what circumstances? What is the *law* upon the point in the various States? In New York, Illinois? What are the penalties for violation?

Now, all ye disciples of Esculapius and of "little pills," let us hear from you, both with queries and answers.

Catechetically yours,

M. W. BRUBAKER, M.D.,

Barry, Illinois.

ERIE, Pa., March 12, 1881.

The American Pædological Society will meet in New York city, June 13th, the day before the meeting of the Institute. Further particulars will be given later. A grand time is anticipated, and we hope to show the

world that homœopaths are *the* physicians for children. T. C. Duncan, President, Wm. Owens, Vice-President.

E. CRANCH, M.D.
Secretary.

CHARLESTON, Ill.,
March 7, 1881. }

DEAR SIR: Have confirmed an old symptom of Muriate of Magnesia. A lady, age 26; has had leucorrhœa of seven years standing. It came on, at times, from motion, and was always present *after every stool; bowels regular*. Muriate of Magnesia, 200, for one week, four times per day, *completely* cured. 6 months have passed and no return.

W. S. MULLINS, M.D.

THE New York Ophthalmic Hospital for Eye and Ear, corner Third avenue and Twenty-third street. Report for the month ending February 28th, 1881: Number of prescriptions 3,536; number of new patients 539; number of patients resident in hospital 22; average daily attendance 153; largest daily attendance 217. Chas. Deady, M.D., Resident Surgeon.

HOMEOPATHIC MEDICAL SOCIETY OF THE
STATE OF NEW YORK,
HAVANA, N. Y., March 8th, 1881. }

DEAR EDITOR:—By suggestion I herewith send you a list of officers of our State Society, elected at the annual meeting at Albany, February 9th and 10th:

President—Selden H. Talcott, M.D.,
Middletown.

Vice Presidents—J. J. Mitchell, M.D.,
Newburgh; A. J. Frantz, M.D., Geneva;
G. W. Peers, M.D., Rochester.

Recording Secretary—A. P. Hollett, M.D.,
Havana.

Corresponding Secretary—C. E. Jones,
M.D., Albany.

Treasurer—E. S. Coburn, M.D., Troy.

Censors—Northern District—Drs. A. W.
Holden, C. W. Little and L. A. Clark.
Southern District—Drs. W. M. L. Fiske, J.

H. Demarest and C. M. Lawrence. Middle District—Drs. C. E. Swift, M. O. Terry and Geo. B. Palmer. Western District—Drs. W. B. Kenyon, E. H. Hurd and B. F. Williamson.

Semi-annual meeting at Watkins Glen, September 6th and 7th, 1881.

Annual meeting in Albany, second Tuesday in February, 1882.

A. P. HOLLETT, M.D.

Rec. Sec'y.

THE TREATMENT OF DYSMENORRHŒA BY ELECTRICITY.

BY

WM. R. D. BLACKWOOD, M.D.

I have often wondered how the idea became so universally prevalent among intelligent women that pain is an essential phenomena of menstruation. Dysmenorrhœa is a wide-spread and intractable malady, and its treatment presents many difficulties to all practitioners, and insurmountable ones to those who are unskilled in surgery, for it is merely a symptom of abnormal uterine or ovarian condition, which, as ordinarily treated, requires mechanical correction in the majority of cases.

Four varieties may conveniently be recognized, although each author you consult may differ on this point. The first in frequency in my own cases is the *neuralgic*, which may be either ovarian or uterine in origin, and here pain is not confined to the pelvic organs, but invades other and distant regions, and is sharp and knife-like, with paroxysmal attacks of acute suffering. The higher class of patients, especially those young ladies who are popularly supposed to be "finishing their education," supply the greater number of such cases.

Next we have the *congestive* variety, found in those affected with coexisting uterine disorder of other type, caused by impeded circulation through direct or indirect pressure on

the pelvic viscera, owing to errors in in dress, habit, or occupation. Here the pain is dull, heavy and aching, and is ordinarily confined to the pelvis and lumbar region. Married women who have had a bad "getting-up" after confinement, or who have repeatedly miscarried, are apt to be found in this class, which is second in frequency.

The third group includes the cases in which some *mechanical* obstruction exists, such as flexion or cervical stenosis. With this type we have pain preceding the appearance of the flow, and the suffering is intense. Establishment of the discharge usually greatly mitigates or abolishes the agony endured by this class. It may exist in single or married women, and in the latter it is generally accompanied by sterility.

The last and least frequent variety is the *membranous*. In this class the suffering is severe and continuous, ceasing only upon denudation or detachment and expulsion of the membrane through a forcible dilatation of the cervical canal either by surgical assistance or by the unaided effort of nature. The variety is, in my belief, rare, my own experience being limited to a single typical case, although practitioners have told me that they often meet with well-defined examples.

No one agent, nor any series of combined remedies, has been so successful or so satisfactory to me as electricity in the treatment of all varieties of dysmenorrhœa; and yet, in view of the undeniable power to *relieve pain* of whatever kind which this invaluable therapeutic agent is known to possess, its employment has here been singularly neglected even by those who make medical electricity a specialty. In looking over a dozen works on electro-therapeutics, I have found in them few subjects which have received less attention, and

many comparatively trivial ones which have had much more. My own ideas on the merits of electricity are resultant upon a closely observed list of carefully recorded examples now numerous enough to afford stable ground for the statement made. As many of these cases date back fifteen years, and as the greater number of them have remained under my care during that period, I have had ample opportunity of watching the permanence of the results obtained—a matter of exceeding importance, for a goodly proportion of them had been more or less benefited by treatment at the hands of physicians before coming into my charge, the improvement in their condition, however, being transitory. Among my earliest patients, and one of the worst to manage, was a lady whose case may be briefly stated.

Miss H—— menstruated for the first time during her fourteenth year, being at that time a nervous, undeveloped girl. She had much pain periodically before menstruation was established, and this increased until she was compelled to spend the first three days of each period in bed. When I first saw her she was in her twenty-ninth year, and had endured fifteen years of martyrdom; for, although the dysmenorrhœa troubled her one-fifth of each month, she required almost all the rest to recover any degree of tone and comfort—a miserable life to lead. She has been under varied professional care, with now and then very slight relief. She had undergone two attacks of pelvic cellulitis, undoubtedly resultant from the use of a stem-pessary, and naturally, therefore, she dreaded any local treatment. I found a sharp retroflexion, tender ovaries, irritable bladder, weary spine, feeble digestion, diffused neuralgia—in short, a wreck.

With coaxing and careful method I

went through the usual plans in vogue and somewhat relieved her general health. I then faradized her uterus and repeated the treatment daily during the week preceding her monthly period. Her menses appeared punctually, as they always did, but, for the first time in her life, *entirely without pain!* She was unwell eight days, an increase of two days in duration, and lost considerably more blood than at any previous time in her recollection. This peculiarity did not again happen: and I may here say that the phenomena alluded to is not uncommon under electrical treatment, and it is usually confined to the first period. The flow is also frequently hastened, coming on a day or so too soon in some instances, or even a week anticipatory of the expected date. The regular course is, as a rule, thereafter at the habitual interval.

One week subsequent to the cessation of her menstruation I placed her under treatment again, using the induced current twice a week until the week before the next period, when the applications were made every second day. The result was precisely as before—no suffering whatever. Nothing aside from electricity was administered. I now proposed discontinuing treatment, but she would not hear of it; and consequently the sittings were prolonged for the ensuing three months, when I insisted upon their cessation. She had by this time become a very different person in feeling and appearance. For fourteen months thereafter she had no difficulty whatever; but, owing probably to a wetting in a summer storm, she had a slight recurrence of uterine pain, and at once demanded a renewal of the applications. Keeping her under care a couple of months sufficed, and for many years she has been a thoroughly healthy and grateful lady. The flexion still exists, but is decid-

edly less rigid; yet all other difficulties are abolished.

Faradization was commenced, and improvement was decidedly established. Three months of bi-weekly applications cured her without any accessory therapeutic measures. She is a type of a numerous list in which similar results were obtained.

Miss A—— is a good example for the first class—the nervous or neuralgic. She endured very severe local pain throughout her period, with associate facial and mammary neuralgia. Her womb was free from flexion, displacement, or congestion; the flow was promptly established at the proper time, and was in normal amount and duration; yet she was fast becoming a confirmed invalid.

Induced currents were begun and relief at once was had. Nevertheless, the desired result was not fully secured. Galvanism was therefore substituted, and soon thereafter the victory was complete. In all purely neuralgic cases, as in this, I have found galvanism notably superior to faradic electricity, especially in clinching the business after an impression has been made.

Electrization of the uterus or ovaries must be accomplished by *direct* applications. The plan usually adopted of sending the current through the abdomen by placing one rheophore upon the hypogastrium and the other over the sacrum is useless, the current traversing almost entirely the skin and the parietal muscles, especially in faradization. The better method is to use a bifurcated conducting cord for one pole, to which two sponge-holders are attached, one of which is applied to the hypogastrium and the other to the lumbar spine. The other pole is then applied, through suitable rheophores, to the exterior of the cervix, to the cervical canal at any desired point, to the fun-

dus, or to the ovary, which can be reached near enough by pushing the instrument well up on either side of the cervix. In retroflexion or version, one rheophore may be applied through the rectum, and in antero-displacement it can be directed through the bladder; but I have never tried this latter method as yet.—*Med. Times.*

CASES OF IDIOSYNCRASY.

BY

W. H. HEARD, Esq.,

St. Petersburg, Russia.

One of the best known homœopathic physicians, Dr. Bojanus, practising in Moscow, in a note to his Russian translation of Dr. Walser's public lecture, "What is Allopathy? and What is Homœopathy?" relates the following remarkable cases of idiosyncrasy.

A woman of a healthy, though not robust, constitution, the mother of thirteen children, had a peculiar aversion to Iodine, and could not take it in any attenuation. Thinking it might be mere fancy, I used occasionally to make experiments upon her, giving her Iodine in various dilutions, from 3 to 30, under different names, but she would invariably spit out the dose, recognizing Iodine by its taste. On one occasion the woman had an attack of typhus fever, and was lying in a highly delirious state. Reckoning on the absence of consciousness precluding any possibility of any imposition, I gave her, for the sake of experiment, one drop of Iodine 30 on a small piece of sugar. The dose had scarcely touched her tongue, when she spat it out, and exclaimed in a tone of great irritation, "Why do you give me that nasty stuff, you know I cannot endure it?" On her recovery I told her of the occurrence,

but she was unable to call it to mind.

He had another similar case with a peasant, and therefore a person totally unacquainted with either the names or taste of medicinal substances. He was suffering from a catarrh of the stomach corresponding to *Nux vomica*, which was administered in powders, each powder containing from five to six globules of the 12th potency, two powders to be taken daily for the space of a week. After the lapse of that period the man reported himself much improved. Not wishing to interfere with the beneficial action of the medicine by a needless repetition of the doses, I gave him some unmedicated sugar-of-milk powders. At the end of another week he appeared again, saying, "You gave me some powders, but they were not the same as before; those were bitter and the last were sweet; give me some of the bitter powders, they act much better." With the view of verifying this statement, I went into another room, and prepared two powders, one containing five crushed globules of *Nux vomica* 12, and the other consisting of pure sugar. I put the sugar powder on his tongue with the question, "Well, are these the same?" "No, sir, this powder is sweet; I want the bitter powders." I then administered in the same way the other powder, containing five globules of *Nux vomica*, and as soon as it was dissolved by the saliva, the man exclaimed, with a joyful air, "These, these are the powders; I want some of these, they do me much good."

The same author brings forward some experiments made by another well-known medical gentleman in Russia, Dr. Dahl, with *Carbo vegetabilis*, *Lycopodium*, and *Natrum muriaticum*, of the 30th attenuation respectively. The subject selected was a man of an athletic constitution,

who had never suffered from illness, ate and drank a great deal, and was of a gay, reckless disposition. The above-mentioned substances were administered separately for a certain period of time, with the following results:—The charcoal produced constipation with flatulency, the club-moss retention of urine, and the salt fits of ague.

These experiments were repeated so frequently, and with such unvaried effects, that the man was enabled to distinguish the powders by their action, and, being ignorant of the substances they contained, he gave each of them a fancy name. At the end, however, of three or four months he declared he was tired of it all, and would not suffer any more experiments to be tried upon him. Then Dr. Dahl, still not being perfectly satisfied with his observations, began to administer the medicines without the man's knowledge, and always with the same results. Once it happened that he secretly put a few globules of *Natrum muriaticum* in a glass of punch which was being handed to the gentleman at the card-table. The next day he called upon Dr. Dahl and began to rate him, saying he must have contrived to administer some of that confounded stuff, as he had been troubled with ague the whole night.

The value and interest of these facts, as an argument in favor of Homœopathy, require no comment, clearly demonstrating as they do, on the one hand the undoubted presence of medicinal substances in the higher potencies, and, on the other, the marked action of infinitesimal doses on the healthy subject, and consequently the capability of such doses to influence the organism, when rendered far more sensitive and susceptible by the presence of symptoms similar to those produced by the morbid agent.—*Hom. World.*

MUSCARINE AS A REMEDY FOR NIGHT-SWEATS.—DR. W. MURRELL *New Remedies* has treated twenty-six cases of night sweating with a one-per-cent solution of a liquid extract of *Agaricus muscarius*, of the consistence of molasses. Sixteen of the cases were in males, the remainder in females of ages ranging from forty-six to ten years. Five minims of the above solution was the smallest reliable dose; this was taken in water, three times daily, or in the evening an hour before going to bed. Improvement was usually apparent on the second or third night, and perspiration usually ceased by the end of a week. Benefit followed its use in every case. The medicine is almost tasteless, is apt to spoil, but is kept by addition of a few drops of alcohol. Its activity can be proved by its power to arrest the action of a frog's heart when topically applied.

EXAMINATION OF CHILDREN.—For the proper examination of sick children both time and tact are necessary. It is important, at the outset, to win the confidence and good-will of the little one. This is easy to those who love children; difficult often to those who dislike them. But love grows by the using, and he who will cultivate their society and interest himself in their affairs will come to have a genuine interest in them. If the patient is a stranger and old enough to be observing, be careful how you approach it. "First impressions are lasting." Avoid brusqueness. Better, at first, talk about the child than to it. Get the history of the sickness from the mother, and while receiving that, you may notice the child without seeming to. The first glance will show whether the child is very ill, and may even indicate the probable character of the

ailment. Notice the physiognomy first. The features of a child under three or four months have little expression, but beyond this period they may be taken as an honest declaration of its feelings. It has not yet learned the art of hiding trouble under a tranquil mien. In acute diseases attended with fever the cheeks, and perhaps other parts of the face are flushed from congestion. If the redness is circumscribed and transient, appearing on one or both cheeks, the forehead or the ears soon fading into paleness, to reappear after an uncertain time we have in this a reliable sign of serious brain trouble. Drooping of the upper lids, squinting, rolling of the eyeballs, fluctuating or unequal pupils, or a steady gaze on vacancy, associated with fever, are symptoms that point in the same direction. A small, pinched face, overtopped by an enormously enlarged head, characterizes hydrocephalus. Rapid out and in movements of the *alæ nasi*, with flushed and anxious countenance, attend severe inflammations of the respiratory organs. I know of no disease that will change the physiognomy of a little child so quickly as diarrhoea, with copious watery dejections. I suppose that full three-fourths of the weight of a child's body is water; and its rapid abstraction by an intestinal flux may, in a few hours, work such changes in a plump and ruddy face that it is scarcely recognizable.

Notice also the voice. You know the clear, ringing, exuberant tones of healthy childhood. In sickness they are changed. Diseases that produce great debility render the voice weak and plaintive. In pneumonitis and peritonitis it is restrained, because its exercise causes pain. Fits of loud crying are evidence of the absence of these diseases. In croup, and other affections of the larynx, the voice is apt to be hoarse and brassy. Hoarse-

ness is also an early sign of congenital syphilis. Some cases of cerebral inflammation are attended by an occasional solitary, piercing cry—a cry so peculiarly expressive of agony that it is not easily forgotten. This is the “hydrocephalic cry” of the old authors. Sighing is a symptom frequently seen in like cases.

Cough is very frequent in children, and its character varies with the cause. After taking cold, the most frequent cause, the cough is dry at first from diminution, but becomes moist at length, from an increase of bronchial secretion. The cough of pneumonitis and pleuritis is apt to be restrained. That of whooping-cough is always paroxysmal after the first stage, though the whoop is not always present. The cough that accompanies some forms of heart disease, is dry, stuffy and frequent. A laryngeal cough is peculiarly loud and resonant—clarion-like. Stomach and intestinal irritations, as from worms or undigested food, also cerebral and spinal irritations, often give rise to a persistent, dry cough, from reflex nervous influence. Lastly, continued fevers in children are often attended throughout their course by a hacking cough, difficult to subdue, and more annoying than dangerous.

Notice, again, the position and movements of the patient. If very weak, it lies upon its back without much movement of its limbs. If the head is retracted and cannot be brought forward without pain, if the body is rigid, and there are muscular spasms and twitchings, this condition points strongly towards cerebro-spinal irritation or inflammation. If any of the abdominal viscera are inflamed, the child prefers to lie on its back with the limbs drawn up. In colic the prone position is chosen because pressure gives relief. Children often carry the hand to the seat of pain—

to the forehead in headache, to the ear in earache, to the gums when teeth are coming. Rubbing the nose and upper lip is popularly regarded as a sign of worms. It may be due to these, or to any other irritant in alimentary track, to a cold, or a dose of Dover's powders or other opiate. In spinal and hip diseases, children instinctively assume positions so characteristic that they are of great diagnostic value. In all conditions of the respiratory organs, in which the need of air is urgently felt, there is apt to be extreme restlessness.

Inspection of the surface of the body will frequently lead to a correct diagnosis without other examination. All the exanthemata may be known in this way. Congenital syphilis is wont to betray itself by coppery discolorations of the surface and eruptions around the anus. In infants the first stage of intermittent fever is seldom attended with shaking, as in older people, but by lividity and paleness of the skin and a characteristic goose-flesh appearance. Jaundice, a frequent ailment in the newly born, imparts a yellowish tinge to the surface.

In grown people we make much of the pulse; not so with children. It is usually absent at the wrist for a week or ten days after birth, and throughout infancy it is feeble and very rapid. Its average during the first year is about one hundred and thirty (130.) It is considerably lower during sleep, and much faster during active movement. Gradually it becomes less rapid, and at the fifth year it is about ninety. During the whole of child life it remains somewhat faster than in the mature. At puberty it is about eighty. The infant pulse is liable to great acceleration from slight causes. A cold, the coming of a tooth, or any transient emotion of joy or grief, may effect its rate as much as a serious illness. You will naturally

infer that a rapid pulse is of little significance in very early life. A preternaturally slow pulse is of more importance, being one of the ordinary accompaniments of serious brain disease. The difficulty of counting the pulse, owing to the incessant movement of children, still further detracts from its value.

The thermometer, an instrument of the greatest value in our work among grown people, is comparatively of little worth when we are dealing with young children. When used, it should be remembered that the temperature of the young child is a little higher than that of mature age. In the very young infant, the breathing is frequently intermittent and irregular.* There may even be pauses of such considerable length between the inspirations that the mother fears the cessation of the function. From an average of about forty respirations per minute, during infancy, the rate decreases as the child grows older. At the tenth year the average is about twenty-two. Like the pulse, the breathing is liable to great disturbance from slightest causes. Exercise, emotional excitement, or a transient fever, may increase it as much as more serious ailments. In capillary bronchitis and pneumonitis, the respiration is quickened. In acute pleurisy, and in peritonitis, it is short and difficult from the increase of pain to which the movement gives rise. In all acute febrile affections in the young child respiration is apt to be rapid and panting. This, with the cough to which I have before alluded, often renders parents apprehensive of lung disease. In acute encephalic inflammations the respiration as well as the pulse may be abnormally slow and intermittent. In obstructive disease of the larynx, as croup, inspiration is prolonged, and, if the obstruction is

considerable, is accompanied by a peculiar wheezing sound.

In affections of the chest in infants, you will have frequent occasion to resort to auscultation and percussion; and you will be more fortunate than I have been, if, owing to the uneasiness of the child, to the small size of the chest and to the faintness of the respiratory murmur, you do not fail of that diagnostic precision which is so easy of attainment in the adult. Some things, however, may be learned by these means from the youngest and most refractory patient. We may always know by auscultation whether the lungs are freely and equally pervious to air, and by percussion whether there is any considerable dullness in any part of the chest. If a stethoscope can be used without frightening the child, it is preferable to immediate auscultation, because with it the sounds are collected from a restricted area, while adventitious noises from the nares, the larynx and the stomach are included. It is my habit to begin this examination at the back to avoid frightening the child. The young auscultator should have a care not to mistake the naturally harsh breathing of youth for a condition of disease.

While you have been bringing the examination to this point, some chance opportunity of inspecting the tongue and inner side of the mouth has probably presented itself. If not, this part of the investigation had better be made last, since it is pretty likely to provoke crying and a lusty resistance, which occurring earlier would interfere with and retard your work. To examine these organs the patient should be brought in front of a good light. While the nurse holds it and controls its hands, the mouth may be opened by pressing the chin downward. The tongue being in view, notice the condition of its upper sur-

face. If coated, observe the color and depth of the fur, and whether there is any undue prominence of the lingual papillæ. In infants, examine the inner side of the mouth for aphthous sores; also, if at an age when teeth may be coming, pass the index finger backwards over the gums and ascertain their state as to heat and turgescence. If there is ground for the least suspicion of throat trouble, do not neglect to make an examination. This is easily accomplished by steadying the head and passing the handle of a teaspoon over the dorsum of the tongue nearly as far backwards as the circumvallate papillæ and making downward pressure. —*Canada Med. and Surg. Journal.*

SUDDEN DEATH DURING GANGRENE.—M. J. Parise, writing recently in the *Archiv Gen. de Med.*, (*International Journal Med. and Surg.*) on the subject of death in gangrene, first demonstrated by Maisonneuve in 1853, denies the explanation of an acute poisoning of the system, and maintains that "gas develops itself from the decomposed coagula, and collects in the veins of the gangrenous part, but is prevented from advancing further towards the heart by the presence of blood-clots; as soon as the gases have reached a sufficient degree of tension they overcome this resistance and rush *en masse* toward the heart. * * * Therefore, if in a case of acute gangrene, we are prevented from amputating immediately, we should at least make deep incisions into the gangrenous part, in order to avoid a collection of air in the veins, and, if it be indicated, compress the larger veins or ligate them.

THE CATGUT LIGATURE.—Recent experiments by G. F. Arnaud, who ligatured the femoral artery of dogs

fourteen times with carbolized cat-gut, go to show that the ligature is completely absorbed; in twelve out of fourteen cases the outer coat of the vessel is uninjured, and in the same proportion the internal and middle coats were completely divided as with the hempen ligature. Senftleben's assertion of the rarity of internal clot is not confirmed. The chief advantage, therefore, of the cat-gut ligature is its absorption and the preservation of the integrity of the external coat of the vessel.

FOOD ADULTERATIONS.—A Chicago chemist has recently made the following statement. At the request of a highly respectable citizen of Chicago, he examined fourteen brands of sugar, bought in this city—some granulated, some white, some colored, some coarse, and some fine. In twelve of the samples he found tin in the form of a chloride, an active poison. He examined several groups made essentially of glucose, and found in them chlorides of tin, calcium, iron, and magnesia, and in quantities which made them very poisonous. In one case a whole neighborhood was poisoned, and the doctor was told of one death. He has, in several cases, found sugar of lead in vinegar. He uses fruit acids in place of vinegar, such as lemon juice, etc. Pickles he has found, in various cases, to be poisoned with copper and lead. The cheap tinware sold in our markets is dangerous to use for canning fruits, vegetables, meats, or fish. They are liable to contain lead and tin—both active poisons. He has found alum instead of cream of tartar in many baking powders—a thing dangerous and injurious in all cases. Almost all the hair cosmetics are poisonous, and many of the face powders contain arsenic or lead.

Another chemist, in the same city, says he never uses the vinegar or pickles sold in our market. Sulphuric acid is used in making much of the vinegar; lead is used in making yellow pickles, and verdigris in making the green. He has examined a large number of specimens of oleomargarine, and has found in them organic substances in the form of muscular and connective tissues, various fungi, and living organisms which have resisted the action of boiling acetic acid; also, eggs resembling those of the tape-worm. The French patent, under which oleomargarine is made, requires the use of the stomachs of sheep or pigs. This is probably the way the eggs get in. He regards it as a dangerous article, and would, on no account, permit its use in his family. He has made more than a thousand microscopical examinations of milk in this city, and not over ten per cent of the milk sold here is wholesome and unadulterated.—*Virginia Medical Monthly*.

EFFECTS OF PODOPHYLLIN ON THE SENSE OF TASTE.—A correspondent of the *Lancet* calls attention to the effects of Podophyllin on the sense of taste when taken in small repeated doses. Patients taking it in this way have declared they could not distinguish one food from another. A gentleman who took the remedy in doses of $\frac{1}{30}$ of a grain thrice daily, found after the third dose that his tongue and neighboring glands were greatly swollen, there was profuse salivation and entire abolition of the sense of taste.

PHYSIOLOGICAL ACTION OF CONIUM MACULATUM.—At a recent meeting of the Académie des Sciences (*Bull. Gen. de Therap.*, 1880, p. 365) M. Bouchefontaine alluded to the fact

that in 1878 he had, in collaboration with M. Tiryakian, presented a paper on Conium maculatum which went to show that hemlock owes its properties to two active constituents—one Conine or Cicutine, paralyzing the central nervous system, the other acting like Curara. In 1879 M. Prévost, of Geneva, presented a note to the Academy, in which he considered the Bromhydrate of Cicutine as a paralyzant of the motor nerves.

Bouchefontaine, by recent experiments, has satisfied himself that Conine diminishes or abolishes the physiological properties of the nervous centres before acting, like Curara, on the nervo-muscular cement-substance (*substance jonctive*). On the dog and frog this alkaloid always ends by abolishing the nervous excito-mobility if it is given in sufficient quantity, but it is then fatal to batrachians and mammals. Its action is therefore different from that of Curara. The effects of the Bromhydrates extracted from hemlock in a crystalized condition are as follows:

They are to be divided into two groups. One is composed of amber-colored crystals, is more toxic than the other, acts like Conine, and represents the most active principle of hemlock. The other variety of crystals, which are less poisonous, are colorless or of a pearly lustre, and resemble those obtained by Prévost. They act differently, however. As to the comparative action of hemlock and Curara, this may be formulated thus: hemlock may act like Curara, but it produces, in addition, certain physiological effects not observed in animals to whom Curara has been administered.

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A DOCTOR'S LIABILITY.—It is related, as a legend of the medical fraternity, that the Emperor Augustus was once so highly pleased at a cure

effected in himself by his doctor Antonius Musa, that he raised that gentleman to the rank of knight, and relieved the whole profession from the burdens of taxation.

Probably at no time before or since that event has the lot of the physician been such a happy one. At the present day, although the meritorious claims of the medical and surgical practitioner have been recognized, and an honorable social status awarded him, his mind is not at rest. The advancement and refinement of ideas have begotten deeper anxieties, and a feeling of responsibility. So jealously does the law guard the lives and persons of the people, and every time the physician writes a prescription, or the surgeon makes an incision, he takes his purse, his liberty, or, perhaps, his life in his hand. The risk is not all on the part of the patient, despite a popular impression that the only pocketbook likely to be depleted or the only life liable to be sacrificed is that of the sick man.—*Mr. Oliver E. Lyman, in Popular Science Monthly for April.*

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PLEA FOR ANÆSTHESIA IN LABOR.—Dr. D. M. Barr, of Philadelphia, in a paper on this subject read before the Obstetrical Society of Philadelphia, and published in the *Medical and Surgical Reporter*, of March 13th, sums up as follows:

1st. The claim of the parturient woman for anæsthesia is unequalled by any in the wide world.

2d. These claims would not have received a fair response until the anæsthetic is as common in the lying-in chamber as upon the operating table.

3d. A proper anæsthetic is more directly indicated and more safe in the ordinary obstetric patient than in the surgical patient, case for case.

4th. We have an anæsthetic mixture (either three parts; Chloroform,

one part; Alcohol two parts) capable of producing perfect immunity from suffering, without intoxication, without vomiting, without reaction or dangerous sequences.

5th. The babe offers no contra-indication, since its safety is not jeopardized.

6th. Labor is not hindered, but rather hastened, by the anæsthetic.

7th. Anæsthesia offers no contra-indication for the use of any medication which would be indicated in its absence.

METHOD OF EXCITING CARDIAC CONTRACTIONS IN CASES OF SUSPENSION OF THE HEART'S ACTION.

—When I was a child, relates Dr. J. C. Reid, I remember that my father received a summons from near by to visit a young woman who was in a fit. My father was absent, but soon returned, when a messenger announced to him that it was too late, that the patient was dead. Nevertheless, he immediately repaired to the patient's abode and ordered some warm water, which he caused to flow from a height on the præcordial region. Little by little the movements of the heart returned, and the patient was restored.

This recollection of his boyhood days recently caused the author to make use of the same remedy in the case of an old man who appeared to have succumbed in a fit, and in whom the cardiac pulsations had ceased, and the treatment restored the old man to life.—*Bulletin General de Therapeutique*.

STATISTICS OF CANCER OF THE BREAST.—Vienna statistics show 366 out of 30,000, or one per cent., of female bodies examined post mortem, to present cancer of the breast. In

184 cases that had been operated upon, there were 105 in which metastases had occurred. These were absent in only 41 out of 182 that had not been operated upon. Metastatic secondary cancer occurred most frequently in the lymphatic glands (192), in the respiratory organs (132), and in the digestive organs (139), of which 127 occurred in the liver.—*Med. Times and Gaz.*, vol. i., 1881, p. 48; from *Centralbl. f. Chir.*

READY METHOD FOR HOT FOMENTATIONS.—Place the flannels in the steamer of an ordinary potato steam-kettle. They readily become permeated with the steam when the kettle is placed on the fire, and can be readily changed without any fear of scalded fingers during the attempt to wring them sufficiently dry, as in the ordinary method.—*British Medical Journal*.

MR. STEPHEN JENNER, grand-nephew of the discoverer of vaccination, and himself in childhood the subject of many of his uncle's experiments, is living at the age of eighty-eight, in great poverty, at Heathfield, near Berkeley, England.

SYPHILITIC AFFECTIONS OF THE LUNG.—Gamberini, of Bologna (*Brit. Med. Jour.*, 1881, p. 21), says that laryngeal lesions often precede or accompany syphilitic pulmonary affections. The symptoms of syphilis of the lung are generally those of pneumonic phthisis, from which during life there may be no certain means of distinguishing it; even after death the distinction cannot always be made between gumma and tubercle, especi-

ally when the gummy nodules are in a state of caseation or are infiltrated. It must be noted that syphiloma most usually spares the apex, whereas tubercle most frequently attacks that portion of the lung. This, however, is not constant, as has been shown by Fournier. The course of pulmonary syphilis is generally slow and apyretic, which is not usually the case in tubercular phthisis. Syphilis also is accustomed to attack only one lung, and one part of the lung. This tendency to localization is considered by the author to be a very important point in the diagnosis of pulmonary syphilis, whether the lung be attacked at an early or at a late stage of the disease.

A PHYSICIAN WRITES—I have used Phillips' Phospho-nutritine in a case of general debility and nervous prostration, with the happiest effect, when there was restlessness and impairment of mental activity; the system was quieted and sleep restored. I think it a first-rate medicine for all the diseases in which it is indicated. I shall bring his remedies, viz.: Phillips' Palatable Cod Liver Oil, Phospho-nutritine and Milk of Magnesia to the attention of the professors at the next meeting of our State Medical Society.

CATARRHAL DISEASES OF THE NASAL AND RESPIRATORY ORGANS. By G. N. Brigham, M.D.

Published by A. L. Chatterton Publishing Co., is a valuable little work of 130 pages, the author does not waste much time on theorizing, but at once launches into the subject like a person taking a plunge bath.

The selection of the remedies is made with care and will prove successful if used as intimated by the author.

The clinical cases given all through the book, will aid the student in forming a correct diagnosis in cases that he may be called upon to treat.

The work is well written and will prove a valuable addition to the library of every young practitioner. Price \$1.—*St. Louis Courier*.

A CARD TO THE SUBSCRIBERS OF HEMPEL AND ARNDT'S MATERIA MEDICA AND THERAPEUTICS.

Mr. W. A. Chatterton desires to state to the profession, and especially to the advance subscribers of *Hempel and Arndt's Materia Medica*, that the delayed appearance of Volume II of the above work is due to a number of causes utterly beyond the control of the publisher and of the surviving author. He would make particular mention of the following:

It has been necessary to rewrite entirely the second volume for the purpose of condensation. This very large amount of unexpected labor involved would have proved a less formidable item, had not Dr. Arndt suffered much from indisposition and had not much of his time been occupied by severe sickness in his family.

Mr. Chatterton has suffered much from ill-health during the summer and fall of 1880. He is now recovering from a very severe and tedious illness, which has confined him to his bed for nearly six weeks.

The work is, however, well advanced toward completion. Mr. Chatterton hopes soon to be able to give his personal and close attention to his business, and it will then only require a few weeks to finish a work which he is exceedingly anxious to place into the hands of the profession.

CHICAGO, March 7, 1881.

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**COMPOUND DISLOCATION OF THE
ANKLE-JOINT, WITH FRACTURE
OF THE FIBULA—REDUCTION—RE-
COVERY.**

BY

F. F. CASSEDAY, M.D.,

Stevens Point, Wis.

On the 26th of October, 1880, William Stewart, æt. 24 years, assistant sawyer, was caught between the log carriage and platform in a saw mill. He was standing in such a position that his right foot was held fast while his body moved with the carriage, thus completely dislocating the lower end of the tibia inward, turning the foot upward, and on the external aspect of the leg, and at the same time producing a fracture of the fibula about five inches above its lower extremity. There was rupture of the internal tibio-tarsal ligament, great laceration of the soft parts, and the denuded tibia protruded three inches from the wound. There was very little hemorrhage, and no perceptible shock. Having decided upon

reduction, chloroform was administered, and, with the assistance of Dr. Remington, the luxation was reduced. No attempt was made to place the fibula in position, owing to the extensive laceration, which prevented the use of splints. The leg was washed, carefully dressed with Calendula, and placed in a fracture box and packed with bran. As soon as suppuration began Carbolized oil was substituted for Calendula. This removed all offensive odors, and the parts continued to heal nicely. At the end of the first week an incision was made near the most dependent portion of the heel and a drainage tube inserted. This carried off the accumulated pus, and removed the tension in the upper part of the foot. The pus becoming very profuse, cotton batting was substituted for the bran as a packing. December 2d I applied a lateral-jointed splint, but the parts were so irritable it was removed, and the leg placed in the box. The local treatment consisted entirely of Carbolized oil, with the exception of a

period of three weeks, when the Fluid Extract of Eucalyptus in Oil was used. Improvement was constant, and to-day (March 10th, 1881,) the external wounds are entirely closed and covered with firm, hard cicatricial tissue. He places his foot squarely on the floor, considerable weight can be thrown upon it, and there is free movement of the joint backward and forward.

Over the seat of the fracture in the fibula there is a slight depression, owing to the overlapping of the ends of the bone. The internal malleolus is slightly prominent from the formation of callus around the extremity of the bone. Aside from these points there is no deformity whatever. I omitted to mention that during the treatment the toes were thrown a little forward instead of being placed exactly at right angles to the leg. My reason for this was, that in case complete ankylosis occurred, the weight of the body in walking would be placed on the ball of the foot, and an easier gait be thereby secured. The internal treatment of this case consisted of Tinct. Ferric chloride during first three weeks, Morph. sulph. at different times, and various other remedies to meet indications as they arose.

Remarks.—The modern treatment (excluding non-reduction and tenotomy) of compound dislocations of the long bones presents three methods of procedure for the choice of the surgeon, namely: 1st. Reduction, 2d. Amputation, 3d. Resection. Reduction does not find favor in the eyes of Dr. Hamilton and other eminent surgeons except in cases where there is such extensive laceration of the flesh, and rupture of the muscles as to reduce the chances of destructive inflammatory action to its minimum. Old surgeons regarded reduction as invariably dangerous, but modern

surgeons have modified their views on the subject. At least fifteen well authenticated cases are recorded as treated and cured by reduction.

2. Amputation is necessary where gangrene is imminent or where other methods prove eminently hazardous. This was formerly considered absolutely necessary for the preservation of life, but is now largely superseded by resection.

3. Resection and reduction without resection present many points of similarity, but results go to prove that, all things considered, resection is the preferable procedure in a large majority of cases. In either case inflammation may be violent, and recovery slow. In the second place we have free motion and shortening after resection in nearly all cases, to be compared with complete ankylosis in many (though not in a large majority by any means), and a limb of normal length in all cases of reduction without resection. While these are the facts as regards the immediate effects to be looked for in the parts injured it cannot be denied that experience has shown that resection is fraught with less danger to life than reduction without resection.

There are several points worthy of careful attention in my case: the mild character of the inflammatory action, the entire absence of deformity, the free motion in the joints, and the rapid recovery.

It may be that this case will require a lateral support for the inner leg, but at this time there are no indications that such a support will be necessary.

TO FACILITATE THE REMOVAL OF PLASTER-OF-PARIS BANDAGES.—Dr. Mooy, of Holland (*Jour. des Sci. Méd. de Louvain*, 1881, p. 93) recommends that before the application of

the plaster bandages a band of flannel should be laid up and down the limb at the point where the plaster bandage is to be divided. This is to be doubled, and saturated with unboiled linseed oil to which has been added five per cent. of carbolic acid. At the end of a few hours the bandage is found to be impregnated with oil, as is testified by the yellow color which it assumes along the course of the flannel band. Mr. Mooy adds that the flannel band is not absolutely requisite, since the same object may be gained by oiling the plaster bandage from the outside, either after it has dried or while it is being put on.

ON THE PAIN ALLAYING ACTION OF ELECTRICITY.

BY

DR. PAUL J. MOBIUS.

Translated by W. Scherzer, M.D., New York, from the *Berliner Klinische Wochenschrift*.

As from the standpoint of the patient, the amelioration of pain is looked upon as one of the most important offices if not *the* most important office of the physician, we may consider the "anæsthetics" and the other narcotic remedies, which the present century has given us, as its greatest discoveries.

When speaking of remedies producing insensibility to pain, however, authorities but rarely mention electricity.

Nussbaum in his lectures speaks of galvanism as a local anæsthetic, but merely with regard to toothpulling, wherein one electrode is applied to some part of the body while the forceps constitutes the other pole. The discussion of the action of the electric

current upon the motor nerves alone, is entered upon in works on electrotherapeutics. Its influence upon the organs of sensation is but incidentally mentioned. The real value therefore of electricity in allaying pain is but little known, although this action of the current has formed the subject of a short discourse by G. V. Poore.

Among electrologists it is well known that galvanism is one of the surest remedies for neuralgia.

Not alone, however, is it a remedy for simple neuralgia which is a functional affection, but also for the pain accompanying inflammation, pain that results from nerve compression, which might be called symptomatic neuralgia. The current will be found valuable in such pain occurring in the course of rheumatic spinal meningitis, caries of the vertebrae, and the intercostal neuralgia of phthisical patients. Poore relates a case of a patient who consulted him complaining of severe pain in the spine, a feeling of numbness of the feet, and at times attacks of cramps in the extremities.

Counter irritation and remedies were used without any result. After the first application of galvanism the pain disappeared; the patient who had to be carried into the hospital, left it alone and unassisted. The pain returned however; but each application of galvanism again gave relief. Several months elapsed, when the patient presented himself with a large abscess, and with all the other symptoms of vertebral caries.

Benedict treated a tubercular student, who suffered from frequent attacks of fever, after each of which, the inflammation progressed very perceptibly. In two of these attacks intercostal and abdominal neuralgia, partly lancinating, and partly continued, appeared; counter irritation and narcotics were tried without avail. The pain of the first attack disap-

peared after a few applications of galvanism, while the second attack thereafter, took about twenty applications.

Still more interesting is the case of another collegiate, who suffered severely from pain in the hip and inguinal region, the cause of which was not ascertained. A post-mortem examination however discovered carcinoma of the vertebræ. The patient had severe attacks of tearing pain upon moving in bed, which the local treatment by galvanism and faradism would momentarily relieve.

In *Tabes* we frequently have opportunities of noticing the pain allaying power of electricity. The lancinating as well as the fixed pain in *tabes*, yields as a rule to the galvanic current, and in my opinion, we may look upon it as the principal agent for fighting this unconquerable disease.

Furthermore, the results attained by electricity in painful affections of the muscles and joints, are highly commendable. Every one almost, is more or less acquainted with the momentary relief produced in muscular rheumatism by galvanism and faradism.

The same may be said of its action in painful affections of the joints.

Very interesting in this respect are the observations of Brunner in his own case. The Doctor had suffered with articular rheumatism since 1861, both ankle joints were the seat of the severest radiating pains, extending to the feet. The antiphlogistics and narcotic remedies were of no avail, after three weeks of sleepless nights, they yielded to the faradic current without recurrence. The articular rheumatism and its peculiar pain remained, but the accompanying neuralgia disappeared.

Toothache caused from caries does not always yield to electricity, but does so, very often. The same may be said of many kinds of headaches;

brilliant results alternate with failure. The palliating effect of electricity is greater probably than we generally believe. Brunner states that he has arrested the most tormenting "lumbago" in patients who suffered with uterine disease, by the galvanic current, without however, the slightest change of the existing uterine condition.

So far we have only few such cases on record. Electricity will mitigate the pain in the extremities of hemiplegic persons.

But we will not discuss such cases at present, we only treat of a direct mode of allaying pains, which are purely symptomatic.

Can we class electricity with other anæsthetics, such as chloroform and morphia? Surely not, electricity can cause neither a general nor a local anæsthesia like them.

Is the application of electricity a substitute however for the hypodermic injection of morphia?

Although both act directly in relieving pain, the difference is not that one influences the central, the other the peripheral nerves, but lies simply in the fact that electricity acts only in those cases that are purely of a neuralgic character, cases therefore limited in number.

It is useless to classify pain, as pain is so unique a thing, so very essentially concrete, sensation is something not to be described, we can simply classify it by its analogies.

We speak therefore of tearing and boring pain, etc. No one knows what the toothache of periodontitis is except those who have suffered from it. Neuralgic pain can not be caused by any kind of experimental manœuvre, so are we embarrassed in classifying this pain, unhappily, however every one has suffered from pain and therefore knows more or less about its essential character.

In Brunner's description of his case he records that both ankles were the seat of severe pain, radiating to the feet, which seemed to be due to inflammation.

The arthritis as the cause of the symptomatic neuralgia, was at this time of treatment at its climax and remained severe for some time. The inflammation with pain and swelling in the joints continued without the slightest change, the pain however was of a different kind from ordinary neuralgic pain.

We could recite many cases where inflammatory and neuralgic pains existed at the same time and between which the patient could easily distinguish.

If we believe that the pain of neuralgia is a peculiar one, we must naturally look for its cause in peculiar changes of the sensor nerves or the central organs; changes which we will call neuralgic, and which can not be anatomically demonstrated to be identical with inflammation.

Inflammation can exist without neuralgic pain. If both exist however, the first can certainly disappear, and the other remain, and *vice versa*. The neuralgic change is also peculiar, we can call it a molecular disturbance, but that is equal to saying that we know nothing about it.

The material cause of neuralgia is not known, although it appears as a rule after inflammatory disturbances; yet it can also appear entirely as a primary affection.

We may not believe that the neuralgic changes happen only in true and genuine neuralgia; that the characteristic symptoms must be present limited to a certain nerve at times appearing and disappearing.

I believe that neuralgic changes occur very frequently without our being able to speak of true neuralgia if we accept the conception of neu-

ralgia and its pure symptomatology given by hand-books.

If by the description of the patient we can presume that there is a neuralgic pain, we will then be able to find one or the other symptoms in the symptomatology of neuralgia, which will enable us to substantiate the diagnosis.

It may be possible to separate pain due to neuralgic changes from pure functional neuralgia. Electricity is according to my opinion able to detect neuralgic changes. If the pain is a simple neuralgic one it will allay it, and *per contra* if the pain is not relieved it is due to the galvanic current to say that it then serves both as a therapeutic and a diagnostic agent.

If we accept this, we will be better able to come to a true judgment in regard to the action of electricity and avoid over-stating as well as undervaluing its merits. If the disease consists in a neuralgic change, more accurately if its cause acts no longer to produce neuralgic changes, then will electricity be able to cure it. If on the other hand inflammation still exists, so can neuralgic changes with neuralgia appear again. Supposing that the nerves are constructed like a magnet so that they would indicate the state of health, and that all nerve-parts are rightly directed as the south-pole looks towards the periphery? The disturbances of neuralgic changes would then have an equivalent relation to magnetized iron, as the nerve-parts would then lie in a mixed like condition. Galvanizing the nerves signifies the rubbing or friction of iron with a magnet. Each stroke will carry in the normal direction a number of parts, and the number of strokes will depend on the disturbance of greater or lesser magnitude.

If there is a repetition of concussions between the strokes which will

change the normal to an abnormal condition, so will the abnormal state always set in again.

If however the concussions become weaker so will finally each magnetic stroke carry a larger number of parts in the normal direction than the following concussions will be able to undo; *i. e.* the electric treatment will cause a cure if the inflammation subsides by degrees without acting directly on the inflammation. This mode of viewing may make other electro-therapeutic actions more comprehensible.

Having seen this likeness the question will then arise whether we will be able in the present state of science to arrive at a true understanding of the pain allaying action of electricity. The answer will be strongly negative. We find no explanation in any writings. To build groundless hypotheses would be obstructing the path of the experimenter. We cannot be too cautious in electro-physiology until our chemical knowledge is complete. Only those with the finest apparatus, may take up this problem.

The clinical physician is but poorly equipped to explain this phenomenon. We are however satisfied to calculate the contents of neuralgic areas by many regular squares of surface and these determine for us its irregularly formed areas.

His task would therefore be conscientious observation and rational comparisons of facts to enlarge the circle of his knowledge.

I do not know of a single instance where the electro-therapist is under any obligation to electro-physiology, yet it is only too well known that the labors and experiments on frogs have engaged the highest talent in applying the law of frog-nerves to the human system.

When can we name a practical result of the laborious investigations on

man without bringing to naught false theories?

Finally we may say a few words about the action of electricity in allaying pain, sensible however of the want of a practical theory to explain the uncertain and ambiguous results of experience, annihilating all hypotheses so far advanced.

Whether by producing a condition of semi-unconsciousness the fact however remains that each of the different forms of electric current are able to allay and remove pain as well as neuralgic changes.

The faradic as well as the constant current accomplishes it. As the former consists of a series of constantly changed, opposing and interrupted currents, we cannot say that only one pole or any particularly directed current possesses the capacity to remove neuralgic changes.

This is all to be demonstrated by trials with the constant current, as those alike who regard in faradism the difference of the poles and those applying the current to a nerve, in a certain direction only, have been obliged to admit.

In any one case however bad, experience has taught us that the constant current quiets pain oftener than the faradic; that in general the anode is preferable to the cathode at the seat of pain and that the slow rising and falling of the current in intensity acts more favorably than the interrupted current.

As a rule we must try to remove the pain by placing the anode upon the focus and the cathode upon an indifferent point and by means of the rheostat increase or diminish the current.

If this method fails we would recommend the voltaic alternation and if this fails also, then use the faradic current.

The use of the electric-brush as

electric moxa is to be considered as an outgrowth of our subject but does not strictly belong to our present discussion.

If the pain immediately ceases after using the one or the other of these methods we have sufficient proofs that neuralgic changes existed. If the pain returns sooner or later then does the cause of neuralgic changes still exist. If after each application the intervals of pain become more prolonged, cause and condition are alike diminishing.

But if the pain quickly returns the cause still remains in action and the case is not one for galvanic treatment.

ORGANIC HEALING POWERS.

A LECTURE BY

RUDOLPH VIRCHOW.

[Translated from the German by the Marchioness Clara Lanza.]

Andrew Jackson Davis, who is called the "Great Prophet" by his German adherents, thus begins a chapter in his "Harmony"* entitled "The Philosophy of Disease."

"The improvements and progress which have been made in pathological science, are not by any means in keeping with its actual value and antiquity." And then he adds the following:

"The age of a science or doctrine has but little to do with its reliability, importance or progress. Indeed, the great maturity of any doctrine is al-

most a positive proof that it originated in ignorance, superstition and error."

The "Great Prophet," who conceives all his ideas without the aid of study, and who, moreover, by a peculiar direction of his will, turns from the confining influences of the material world in order that he may enter the "highest state," has entirely overlooked the fact that the ancient science which he disdains, proceeded from precisely similar revelations as those which he produces with so much pride.

Welcker, in his magnificent work upon the "Art of Healing Among the Ancient Greeks,"† has given very impressive descriptions of the Epiphania which occurred more than 2,000 years ago in the temple of Æsculapius, and they now possess a double interest in regard to American Spiritualism or a spiritualism of any kind, (if we consider for a moment how philologists a quarter of a century ago investigated the question) as to whether the so-called incubation of the Æsculapians was identical with modern clairvoyance. Those seeking to be cured from disease obtained revelations while sleeping or dreaming in the sanctuary of God. Hence medical literature arose, for the afflicted wrote a description of their cures upon the pillars of the Temple or else upon certain consecrated tablets, and from them the forefather of medicine, Hippocrates, collected in the Temple of Kos those memorable "Predictions" which can be considered one of the principle sources of our scientific knowledge.‡

Did all this spring from "ignorance, superstition and error?" The point

† F. G. Welcker, *The Art of Healing Among the Ancient Greeks*. Bonn, 1850, p. 95, 112, 151.

‡ Magni Hippocratis *Opera Omnia*, Edit. Kuhn, Leipzig, 1825, Vol. I, p. 234.

* Andrew Jackson Davis, M.D., *Harmonious Philosophy Concerning the Origin and Destiny of Man—His health, disease and recovery*. Leipzig, 1873, p. 93.

perhaps cannot be contested, but it contains, nevertheless, a large portion of veritable experience, and Hippocrates, notwithstanding his direct descent from heathens was a too critical and (remarkable as it may seem) a too worldly person not to expose everything which partook merely of a sacerdotal or superstitious character.

In his writings and in those of his followers, there is nothing supernatural to be found. The gods no longer heal the sick. Nature does it, and nature, moreover, does not act in accordance with instantaneous inspiration. On the contrary it is subject to "divine necessity," or rather we should say to eternal and also to divine laws.

Since the remote period above referred to, opposition has been openly declared between science and superstitious therapeutics. The latter even now has certainly not died out. The countrymen of the "Great Prophet," that is to say, the medicine men among the North American Indians still boast of their immediate intercourse with the Great Spirit, and perhaps it is the proximity of these people which promotes the increase of spiritualism throughout the United States. One of the nations of North Asia* beats a magic drum, while a certain people in South Africa blow an enchanted trumpet in order that the evil spirits of disease may be dispelled. However, we do not need to go so far for examples of this kind. In our immediate neighborhood the traditions of heathenism rise up secretly and flourish, while superstition concerning mystical healing powers is capable of continually bringing forth fresh fruit.

Conjuring, however, during the past century has rapidly declined. I,

myself, remember that during my childhood many people of the middle classes where I lived believed in fire conjuring. Even at the present day you will scarcely find one German city where the worth of a fire brigade is not undervalued on account of the possible termination of a conflagration may have in consequence of conjurations.

In one of those old Greek writings, which, on account of its age, has been attributed to Hippocrates, and has for its subject Epilepsy, or the divine disease,* which, at that time was treated by magic, the author says that those who conferred divine names upon diseases were merely magicians, purifiers, pious beggars, and cox-combs, who gave themselves the airs of God-fearing individuals, but who, in reality, knew no better how to conceal their perplexity than by taking refuge behind the deities.

How many years have passed since then! The Olympian Gods have been shattered for ages; even Christianity has by degrees become an old religion, and yet with it all, epilepsy has not ceased to be the subject of conjuration and magic.

Superstition, no matter how degraded, will always outlive faith. The fathers of the church belonging to the first Christian century, fought and struggled in vain against the traditions of heathenism. Chrysostom said that a Christian had better far endure sickness and death than have his health restored and his life lengthened by means of amulets and exorcisms. But the Christians would not listen to this voice, and in the end the Church was forced to make amends. When it erected its places of worship upon the very ground where formerly were temples and sacrifices, and

*O. Peschel. Knowledge of Nations. Leipzig, 1874. p. 274.

*Hippocrates. *De Morbo Sacro*. Welcker, p. 587.

changed the heathen festivals into Christian ones, new methods of supernatural cure were instantly put into practice. Even the kings by God's favor did not hesitate to adopt this sort of accomplishment—not only the most Christian kings of France, but also those of England, until the first representative of the House of Hanover mounted the throne, Catholic and Protestant alike cured scrofula by discourses and sundry calming influences. At that time the disease was called "King's Evil," just as epilepsy was termed the "divine disease."

Such obtuseness in regard to traditional superstition may seem astonishing, not to say alarming. It lies, however, deeply imbedded within the human mind. How long has the fear of ghosts at night been kept up, while scarcely any one dreads spirits in broad daylight? According to the testimony of Signoria Coronedi, people in Bologna burn daily the combings of their hair, to the end that no witchcraft can be perpetrated upon them, and I remember distinctly that when, as a boy, my hair was cut, the clippings were carefully thrown into the stove.

The inhabitants of some of the Malay Islands fear that a magician will have their lives in his power should he take the remnants of their meals and burn them in a peculiar sort of ashes called *Nahak*. Everywhere we find the same childish tricks performed by men in the lower orders of life that they may create fictitious personalities, endow living or inanimate bodies with imaginary powers and trace out the superior force of spirits in purely natural incidents. This is nowhere to be seen so plainly as in the origin and cure of disease, and if the source of various maladies is referred to enchantment, possession or dispensation, it arises mainly in regard to the cure to be effected.

The reason can easily be comprehended. While we are familiar with the natural causes of maladies we are still in want of a well-organized acquaintance with their natural preceding incidents. By taking an unprejudiced view of the case, we can easily see that even Hippocrates had recourse to nature in curing diseases. Physics, he designated the basis upon which the healing incidents rested, and there can be no doubt that this term was the same to him as is to us the tautological epithet of the "physical nature of man." If you read attentively the part in which he mentions this, you can no longer doubt that he had the whole question of man's bodily formation foremost in his mind. Taken in this sense, the healing powers belonging to the body itself must consequently be natural or physical organic forces.

The idea, however, was in a certain measure a prophetic one. Knowledge at that time was not sufficiently extensive to admit of, or to supply any explanation of it. Even the most favorable and clear-sighted observations relating to natural incidents in healing, led to nothing more than a superficial, and to a certain extent, brief conception of the events. This sufficed certainly to establish their situation, and also furnished abundant cause for application of remedies at certain times and on particular parts of the body, remedies which seemed adapted to facilitate the natural course of events, to favor it, or in case it remained concealed, to bring it forward.

There have been numerous attempts to explain all this. One school after the other produced its doctrines, but each one of them was based upon imperfect or voluntary suppositions. Each new step of progress in the knowledge of various occurrences which take place in the hu-

and explanation overtook the opinion under consideration and qualified matter. Of course this did not involve no strengthening such as regard to scientific medicine.

It was later during the period of scientific progress when nature's perceptions remained for a long time unchanged as in the early portion of the middle ages, and the Church as well as Medicine adopted natural science as its system of teaching, and medical doctrines gained the reputation the recognized character of stability. It was then that the physicians remained unchangeable doctors. However secondary schools then arose and other-worldism pointed forward was extinguished. So it was at the time of the German reformation, the French revolution, and the formation of a new German kingdom.

As appeared wherever has movement been wanting. A peculiar form of it deserves to be especially mentioned. It is called mystical character, its origin has led to the most serious practical mishaps. Hippocrates himself observing a country which up to this day is situated on account of its natural influence, has established with minute exactness the position of the several animals which move from the minority districts with peculiar regularity. His records overruled the present doctrine of the time and also the date when a decided moon would appear. The stars were regarded as to double what the treatment should be determined as the critical days, the full, the wane, etc., determined the proper time for the administration of remedies. In this way the astronomical system became established, and it was made a subject of universal contemplation before the days of Hippocrates by the various philosophical systems, we cannot be surprised that those who understood their thoughts as

taught in the theory more than mere expressions concerning the legitimate relation of things to each other.

During the Middle Ages astrology learned a close alliance with medicine, and the occult sciences occupied the places of the ancient studies. But even subsequent ages have repeatedly and repeatedly a development which needs approach those of the Pythagoreans. Particularly towards the close of the preceding century, discoveries in the departments of electricity and magnetism caused the biological sciences to adopt the theory of polar attraction, a doctrine in which the heterogeneity of animal magnetism, and its complicated, spontaneous, is finally rooted. In the Pythagorean philosophy, a two-fold existence was supposed to be the basis of everything, and the circulation of this doctrine has resulted itself so to speak, the "Great Frigate" of America, according to whose conception Providence is a moving substance, formed of positive and negative proportions, and which acts upon matter in different ways through the agency of the number 7.

Among all these attempts to grasp the phenomena in a generalized manner, an effort comes to light which is in every way worthy of recognition. It has been shown that the human intellect has no more a universal and spiritual form which has established the relation and conception of things, than it has a material one. Calculation produces the definite value by which we are enabled to assign things to their proper places. It is for this reason that intricate spiritual sciences, physics and chemistry formate every day of a more mathematical character. The different natural sciences follow closely in their progress, and even jurisprudence and psychology have already been made to travel over the

same road. How, then, could medicine escape?

However, the numbers 2, 3, 4, 7, and 10 do not suffice to explain the infinite multiplicity of things, even if the combination of ten numbers serves to account for each calculation. Every reckoning about actual things rests upon observation and not upon inspiration. The more difficult the calculation, the more complex must have been the preceding observation which went to supply the elements of the reckoning. This is true, earnest work, such as no one individual is capable of producing. One workman assists the other, and one generation helps another, not only in transmitting results, but also their aim and object.

It will be a difficult task, nevertheless, for any generation to recognize self-acting forces in numbers. If two objects attract each other it is not owing to the things themselves. And there is no number in existence which possesses healing powers, and no talisman compounded of numbers which possesses active force. The numbers supposed to play an active part in disease only serve to give those versed in art the means by which they may discover the time and duration of the malady and arrange their mode of action accordingly.

But just as Astronomy is incapable of moving the moon or planets by means of numbers, so is the physician unable to produce any effect upon the course of disease or recovery by the same process. Numbers are not remedies, for remedies are actual things, which stand at the disposal of medical art; are actually applicable, and which possess in a certain sense real powers of healing. When we consider them, however, we come to a lengthy and apparently increasing contention which is embodied in medical history in the names of phy-

siologists and technologists. Physiologists are those who seek healing powers within the physical organization itself, while technologists think to recognize them in such means or influences which exist independently of the patient and are directed toward him.

It is true that the physiologist does not altogether despise remedies, but they only serve, in his opinion, to set the organic powers at large. The technologist, on the contrary, intrenches upon the organism. He forces life into artificial conditions. He "orders" and "prescribes" where the physiologist is satisfied with existing circumstances and comes forward as Nature's servant.

Of course a long time has elapsed since the controversy between these two schools was at its height, but in some recent accounts it appears again, not only in specific cases of treatment, but also in a general sense.

Not many years ago blood-letting was a daily occurrence in every hospital, and indeed in almost every private practice. Now it has become so rare that young physicians are scarcely acquainted with it. When I was a young hospital assistant I was frequently forced to perform cupping four or five times in one morning. Singularly enough the change came at a time when we were the least prepared for it. In cases of inflammation of the lungs, where the most audacious blood-letting was considered an almost irrefragable means of restoring the patient, they began in the Universal Hospital, at Prague, to observe the natural course of the disease without the application of any remedies. They contented themselves with giving the patients plenty of fresh air, good attendance, greater cleanliness than they were in the habit of getting and strict dietetic surveillance. In the way of medicine they

got nothing, and yet very favorable statistics were obtained. In this way physiology gained a victory over technology, and at the first step reached the highest form—nihilism.*

Since then a certain reconciliation has taken place. A firm conviction arose that hospital practice could not merely be influential to private practice—that the hospital, with its manifold contrivances, its order and regimen, possessed provisos and remedies which in a private family, even a wealthy one, could only be imperfectly established, or else not at all—and finally that the nihilism of the hospital physician could not be transmitted to families.

Of course, both physiology and technology will continually enlarge in the future, the more so as experience gains new perceptions and increased power. This, we all know, is inevitable, and the public, which might justly reprove medicine for its scientific changeability, should bear in mind constantly that it is the fate of humanity to be fickle, not only in regard to science, but also every other matter, from the State to the Church. We can only hope that changes everywhere will be made with as much honest intention as they generally are in regard to science.

It would, perhaps, be possible to check trivial fluctuations if people could only agree better as to proper healing objects. This is precisely the point over which scientific men find it so difficult to attain a uniformity of opinion. When a physician is called upon to cure he has the case before him, represented by the patient—a unity, so to speak. And yet the malady itself gives the impression of another unity. It has the appearance of some strange being which has implanted it-

self in the individual. It has been not improperly termed a parasitic organism, which lives in or upon the system of the patient. Numbers of times it has been asserted that a strange existence has penetrated into the sick man and "possessed" him. All these ideas unite in the practical task of expelling the disease by driving it forcibly from the body. Is it not perfectly evident that a double existence takes the place of the former unity? Can any conclusion be drawn from such premises, except that the "case" must be regarded as dualistic? If the physician has the patient *and* the disease before him; if he is to separate the one from the other; if the practical endeavor is to act *against* the disease and *for* the individual, can it be a question of a unitarian conception?

Truthfully speaking, such an idea has never properly existed. Even in cases of sickness which were termed rather figuratively universal, it was always understood that a more or less large portion of health should remain undisturbed. It was this remainder that caused "reaction" according to some schools, and led the battle against strange intruders. Paracelsus, in the Middle Ages, expressed these thoughts in the most worthy manner. Let us take up the point and imagine a defensive battle whose seat of action is the human frame. Who are the combatants? On one side we have the disease, in the other the healthy portion. The latter, of course, can go forth with no other weapons of defense and attack than those previously possessed. Where can new ones be found? The means of resistance must necessarily spring from the physical system itself. Thus far the ideas are simple enough. But if we see that the struggle is carried on according to a military principle, that it has a tendency to cure, and that the

* *Archives of Pathological Anatomy*, 1849, vol. II., p. 14.

means of reaching this end are apparently, purposely and systematically chosen and put into action, what power shall we consider the decisive one? What is the leading principle, and where are we to look for it? The generality of physicians say with Hippocrates, it is Nature. But do we not, so to speak, run around in a circle when we first of all call the legitimate formation of the body nature, and then again have recourse to the same term when we wish to explain how this arrangement resolves itself into a systematic unitarian course of action? Have we not a substance to deal with in the first case, and a force in the second—and an organized force too, a force with designs and and purposes—a species of spirit in fact? Paracelsus was firmly convinced on this latter point. He designated the decisive power the *Archæus maximus*, which corresponded to *spiritus rector*, or leading spirit.

(To be concluded.)

REMARKS UPON CLINICAL PHASES OF POISONING BY ALCOHOL.*

BY

FRANK WOODBURY, M.D.

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"Chinese historians affirm that wine in which the feathers of the Tchin are macerated becomes a deadly poison."† Modern science confirms this clinical observation, but ascribes

the fact to a more constant and less fabulous cause. Alcoholic liquors are poisonous because they contain alcohol. Since the various intoxicating beverages in use consist essentially of dilute ethylic alcohol, their toxic effects may be considered in common under the comprehensive title of alcohol-poisoning.

From the universality of the use of these beverages by all races ‡ of men and in all ages, it would at first sight appear that alcohol might be a valuable food. So it was considered by Liebig; whose views were, however, entirely controverted by Perrin, Lallemand, and Duroy, who showed that it was excreted by the lungs, the kidneys, and the skin without undergoing oxidation in the body. Later observers, notably Subbotin, have shown that the ingestion of alcohol does not increase the excretion of carbonic acid, but, on the contrary, reduces it; does not raise the daily amount of urea, but lowers it; does not increase the temperature of the body, but positively reduces it; and does not increase hæmatosis, but, on the contrary, interferes materially with the blood-making function. Such effects are certainly not those of a food, but of an agent which directly impairs nutrition. Anstie and Dupré declared that a certain amount of alcohol disappeared in the passage through the system, and believed that this comparatively small amount was assimilated as food. Parkes and Wollowicz subsequently determined the maximum amount that could be thus assimilated by a healthy man to be from one and a half or two ounces of absolute

*Philadelphia *Medical Times*.

† I. Klaproth, *Lettre à M. Humboldt sur l'Invention de la Boussole*, p. 89. Quoted by Thompson in "The Philosophy of Magic," vol. i. p. 41, London, 1846.

‡ The Mohammedans and Hindoos have been cited as exceptions to this rule because such use is forbidden by their religion; but no one will claim that therefore drunkenness is entirely unknown among them.

alcohol per diem.* The latter observers found that when an amount of liquor corresponding with only one ounce of absolute alcohol was administered, no alcohol could be detected in the urine. Upon repeating these experiments, however, I found, in an adult of temperate habits, that so small a quantity as one-fourth of the above gave decided evidence of its presence in the urine; and I believe Anstie also detected alcohol in the urine after a single glassful of sherry. Possibly, this may be explained by idiosyncrasy, but it seems more probable that the person experimented upon by Parkes and Wollowicz had by habit acquired the power of consuming a greater quantity than could be assimilated by an organism unaccustomed to its use.

I am, therefore, forced to the conclusion that alcohol is not a true food in the sense that it favors nutrition in a state of health. Of its value as an accessory food under certain emergencies I shall not speak at present, as it is not germane to our subject; nor shall I enter upon a consideration of the dietetic use or abuse of alcohol. I have broached the subject of its use in health merely in order to establish, if possible, the commencement of its toxic effect. From personal experiment I have concluded that the standard adopted by recent experimenters of one ounce and a half to two ounces of absolute alcohol is rather above the average

amount which can be assimilated by the healthy organism, unless given in frequent and very small doses. Alcohol is eliminated slowly from the system, except when excessive amounts have been taken; it then rapidly appears in the urine, in which traces of it usually continue for from sixteen to twenty-four hours. In one case, within ten minutes after drinking about four ounces of whisky, a quantity of limpid urine was passed, whose specific gravity was only 1001½; it evidently contained considerable alcohol.

Of the fact that alcohol, in certain amounts, is capable of causing death, there can be no question whatever: on this point all writers upon toxicology are agreed, and numerous cases might be cited in proof. Tardieu, for instance, records a medico-legal case where a man was induced by a wager to drink within a short time a bottle of brandy. He accomplished the task, fell to the floor in a state of coma, and died in sixteen hours.*

In its concentrated forms, when taken into the stomach, alcohol may cause death from local action upon the mucous membrane, producing softening and abrasion and violent gastro-enteritis. Two table-spoonfuls of sixty per cent. strength have proved sufficient to cause the death of a child.† As in other remedies, different effects may be expected when exhibited in the single toxic dose, in the interrupted dose, and in the continued dose. For convenience of discussion, although not exactly synonymous, let us consider the clinical accidents arising from the first two under the head of acute alcoholic poisoning, and those of the

* The equivalent of alcoholic beverages for a healthy adult, as stated by Parkes, is as follows: two fluid ounces of brandy, or five ounces of strong wines (sherries, etc.), or double the quantity of the weak wines (clarets and hocks), or twenty ounces of beer. "If these quantities be increased one-half, one and a half ounces of absolute alcohol will be taken, and the limit of moderation for strong men is reached." Parkes' Principles of Hygiene, 5th ed., Philadelphia, 1878, p. 298.

* Clinique sur l'Empoisonnement, p. 848. Paris, 1867.

† Deutsch's case. Schmidt's Jahrbucher, B. l. xxv.; from Preuss. Vereinzeitung.

latter under chronic alcoholism. In so doing we shall follow the dictum of Magnus Huss, who first called the attention of the profession to the symptoms of chronic alcoholic poisoning under the title of alcoholism. †

Let us first consider the effects of acute alcohol-poisoning, where coma, with complete muscular resolution, exists. Since this condition often terminates fatally, it is important to distinguish it from insensibility from other and widely different causes, such as cerebral apoplexy, hysteria, uræmic coma, opium-poisoning, concussion of the brain, and similar conditions. Dr. H. C. Wood says that "when the patient is simply seen in the advanced stage of deep coma an absolute diagnosis cannot be made out." § I think, however, that by attention to the objective conditions we may make a tolerably certain diagnosis by exclusion. Without taking up each of these different diseases with which alcoholism may be confounded, let me say, in brief, that, while in this condition coma and complete muscular prostration may exist, there is no difference between the two sides of the body as regards muscular tonus or surface-temperature; the latter is below rather than above the normal. More especially is it to be noted that there is no hemiplegia. The pupils are not constant; generally they are moderately contracted; before death they may dilate. There is no conjugate deviation of the eyes, as often occurs in apoplexy and injuries of the brain. Hemorrhage into the pons Varolii, however, is said to be accompanied by contracted pupils, coma, and general muscular resolution. The pupils in cerebral

hemorrhage are usually irregularly dilated. MacEwen, of Glasgow, recommends the alteration which occurs in the pupils when the patient is disturbed as a reliable sign of alcohol-poisoning. The pupils in such a case will dilate temporarily if the patient be shaken or his beard pulled. This merely proves that the condition is rather one of deep stupor than of complete coma. I cannot believe that a case of true coma would have a mobile pupil, or, if it should dilate under such circumstances, that it could afterwards again contract.

I have not mentioned as distinctive the test commonly relied upon, *i. e.*, that furnished by the alcoholic odor of the breath. Where it exists it furnishes confirmative rather than conclusive evidence, since the individual may have taken a stimulant just before the attack of illness, or it may have been administered afterwards. It thus becomes a nice question to decide in some cases whether it is alcohol or disease, or both. A much more reliable test is furnished by the urine. In all cases of narcotic poisoning the bladder, as a matter of routine treatment, should be evacuated by a catheter. The urine may be tested for alcohol by adding to it a small quantity of chromic acid test (potassium bichromate one part, acid sulphuric three hundred parts), as proposed by Anstie. But I would recommend the adoption of a slight modification, which has yielded very satisfactory results in the few cases in which I have tried it, as follows. In a medium-sized test-tube about a drachm of clear, colorless sulphuric acid is placed, and about three times the quantity of the urine to be tested is then to be poured down the side of the test-tube, so as to prevent immediate mixing of the fluids; a small crystal (split-pea-sized) of potassium bichromate is then dropped into the

† Die Chronische Alcoholkrankheit, Stockholm, 1852.

§ Therapeutics and Materia Medica, 3d ed., p 125.

tube, which is then given a gentle rotary motion, so as to dissolve a little of the bichromate and diffuse it through the sulphuric acid. The tube is then set aside in the rack. The limpid lower stratum of liquid will in the course of from a few minutes to an hour assume a decided emerald-green coloration, the depth of the color being proportionate to the amount of alcohol. This test may be confirmed by fractional distillation, provided that enough alcoholized urine can be secured to render it practicable.

In attempting to differentiate these cases from those of apoplexy, it should not be forgotten, however, that alcohol stands in a direct causative relationship to cerebral hemorrhage, as autopsies have proved. In seven cases of death during acute alcoholism, Tardieu* found two with hemorrhages into the lungs, meningeal apoplexy in six, and in four there were also ventricular effusions of blood. This authority concludes that "in death coming on rapidly during the state of drunkenness, pulmonary apoplexy, and especially meningeal apoplexy, are lesions which, if not constant, are at least extremely frequent and almost characteristic." Hughlings Jackson reported a case in which alcohol impregnated not only the breath but the urine, and at the post-mortem examination a large clot was found covering nearly the whole of one hemisphere.

In other cases of acute poisoning by alcohol, convulsive symptoms supervene, and occasionally epileptiform seizures are very marked, probably owing to the action upon the

medulla oblongata of blood deficient in oxygen. I have seen but one case of this kind, which occurred in a mulatto some years ago. After taking from the arm about ten ounces of extremely dark blood, the convulsions ceased and did not return. The next day the man was apparently as well as usual and ready for another spree. In this connection I may also be permitted to mention a case of catalepsy in a slender young man, about nineteen years of age, who came under my care some eight years ago, while resident physician in the Pennsylvania Hospital. He was brought to the institution perfectly unconscious and perfectly rigid. I remember there was some difficulty in getting him out of the carriage, as his body was fully extended, and he was carried in supported by his heels and his head. I found that on forcibly placing his limbs in any position they would remain thus extended to the air as if they were frozen. Upon lifting the closed eyelids the eyes were seen to be rolled upwards and constantly in motion (nystagmus); the pupils were dilated moderately. It was said that this condition came on after drinking a single glass—his first glass—of whiskey, and that he was not subject to such attacks. The application of faradic electricity quickly restored the patient to consciousness, and he would gladly have gone home at once if he had been permitted; but he was kept in bed until morning, and then discharged perfectly well.

I now come to speak of a form of acute poisoning from the abuse of alcohol, with which all are familiar, the so-called mania a potu, or delirium ebriosum. The distinguished trait of this condition is that it occurs as a result of an over indulgence in alcohol in an organism unaccustomed to its use; it is the form that appears in men who go on occasional sprees.

* Observations medico-legales sur l'Etat d'Ivresse considere comme Complication des Blessures et comme Cause de Mort prompte ou subite. Ann. d'Hyg. Publique et de Med. Legale, tome xl., 1848, et Dict. de Med. Prat., loc. cit.

Such cases have active delirium, characterized by delusions and homicidal tendencies. The condition is characterized by great nervous and vascular excitement, the face is flushed, the eyes bright, the ego elevated. The diagnosis and prognosis are based solely upon the history of alcoholism, for to all intents and purposes the patient is suffering from acute mania. When this condition is compared with chronic alcoholic poisoning and, in its characteristic form, delirium tremens, a marked contrast is seen to exist. This condition, as originally described by Sutton, is essentially one of nervous and vascular depression. The face is pale, the eye dull, there are illusions in place of delusions, a suicidal tendency takes the place of a homicidal, and melancholy replaces mania. Sleeplessness exists in both, but in one it is due to cerebral congestion, in the other to cerebral exhaustion. Tremor of the muscles is a marked symptom of the latter, and gives it its name.

I shall not here attempt a detailed consideration of the various diseased states that are associated with chronic alcoholism. In the words of Boehm,† “The poison of alcohol, either alone or combined with other pathological causes, produces bodily or mental diseases which in themselves afford nothing characteristic of the effects of alcohol.” That it is a most fruitful source of disease, both physical and mental, all authorities are agreed, the tendency of alcohol being to cause fatty degeneration and sclerotic changes in all the soft tissues of the body.

The point which I consider has a most direct bearing upon the treatment of alcoholism, is this: the long-continued existence of alcohol in the

blood produces important changes in nutrition, to which the system in a measure accommodates itself, so that the patient requires less food to support life than without the alcohol (as in a case quoted by Anstie,* where a tailor drank a bottle of gin daily for years, and who took in addition a small piece of bread each day as his only sustenance). In such cases it cannot be doubted that alcohol plays the role of an accessory food, and changes* take place, converting the organism into an alcohol-burning apparatus, and correspondingly unfitting it for the ordinary carbo-hydrates and hydro-carbonaceous food. This will, I think, serve in a measure to explain why depriving a drunkard of his drink may cause a sudden failure of nutrition with the rapid appearance of an outbreak of delirium, denotive of cerebral exhaustion, and characterized by failure of mental power, hallucinations, prostration and muscular tremor.

The term delirium tremens was adopted by Sutton in a work published in 1811, in which he took especial pains to show that the symptoms were not due to phrenitis or meningitis. He showed also that bleeding and blistering were generally fatal, and that these cases need a supporting treatment, and especially opium. He says:‡ “It has been remarked in several cases reported that the parties attacked by delirium tremens have been given to drinking; and I feel firmly persuaded that all cases of this disease are connected with indulgences of that nature.” Again, he says,† “But that fermented liquors, and more especially spirits,

* Stimulants and Narcotics, London, 1864, p. 451.

† Loc. cit., p. 47.

‡ Loc. cit., p. 50.

* Zeimssen's Cyclopædia, Am. ed., vol. xvii., New York, 1873, p. 400.

are the general cause of the disease, is rendered certain by the frequency of it in situations where the indulgence of them can be had at a reasonable rate. On the coast of East Kent, where I was first led to distinguish this affection, and at the time alluded to, spirits brought in by smugglers might be had in great abundance at a cheap rate; and such as labored under delirium tremens in that quarter were mostly those who confessedly indulged in the use of spirits to excess."

Several varieties of delirium tremens have subsequently been indicated by industrious investigators which we cannot now consider, such as febrile delirium tremens, which, according to Magnan, generally runs a fatal course in a few days, and is probably connected with some local inflammation, such as meningitis. Nor need I discuss the uræmic form of Surmay.* Epileptic insanity may at any time occur as a complication. Dipsomania is undoubtedly a psychosis, often inherited, sometimes due to traumatism or severe mental shock, not necessarily dependent upon previous alcoholic excess. The clinical forms of confirmed alcoholism known to the alienist—such as pachymeningitis hemorrhagica, general paralysis, melancholia and hopeless insanity (hopeless because dependent upon sclerotic and fatty changes with atrophy of the brain)—are conditions belonging directly to our subject, but which need not at present engage our attention.

Let us, however, consider briefly the therapy of the three forms most commonly encountered by the general practitioner—*i. e.*, alcoholic coma, mania a potu, and delirium tremens. In the first place I will

consider coma. In rapidly-fatal cases of alcoholic poisoning, failure of respiration commonly occurs previous to cessation of the heart's action. Therefore, besides the ordinary treatment of narcotic poisoning by the use of the stomach-pump and purgative enemata, and the application of warmth to the extremities, the urine should be drawn off, both for examination and to encourage the action of the kidneys. It may also be necessary to employ electricity and artificial respiration to assist the lungs in excretion of the surplus of carbonic acid, which now tends to accumulate in the blood. Indeed, Sampson, an English physician, in the treatment of such a case, found himself obliged, as a last extremity, to resort to tracheotomy, which proved successful.*

As soon as the patient has his stomach emptied by the stomach-pump, a pint of hot coffee may be thrown into its cavity and allowed to remain. Inhalations of ammonia will greatly assist in reviving the patient. An individual supposed to be insensible from alcohol should never be allowed to remain in a state of coma to sleep off a fit of drunkenness. Too often it proves his last sleep, either from carbonic acid poisoning or from secondary cerebral hemorrhage.

Acute mania, induced by alcohol, is commonly subdued by ether or chloroform inhalations. Care should be taken to give nourishment frequently, in a form easy of assimilation on account of the possible gastric inflammation. The patient will be found more manageable when confined to his bed, and it often becomes necessary to strap him down. During convalescence remedies (*Nux vom.* &c.) to improve the digestion may be given. It requires pre-eminently a

* De quelques Formes peu connues de la Cachexie alcoolique, etc., *L'Union Médicale*, pp. 19-21, 1868.

* Article Alcoôlisme, *Nouveau Dict. de Méd. et de Chir. Pratiques*, Paris, 1864.

symptomatic and supporting treatment. Such cases generally suffer from numerous other evils, among which we notice prominently chronic gastric catarrh, owing to local action of the alcohol upon the mucous coat of the stomach causing atrophy of the peptic glands and increase of sub-mucous connective tissue. Foods, therefore, which are digested in the small intestine, and peptones, are particularly required.

If I have correctly stated the conditions existing in acute and chronic alcoholism, I think it will be seen that good reasons exist why the administration of alcohol as a part of the routine treatment is as necessary in true delirium tremens and in chronic alcoholism as it would be improper in acute alcoholic poisoning. I am fully aware that the routine administration of stimulants is not uncommon in these cases—which is partly due, I think, to the fact that these states are often confounded clinically under the common title of alcoholism, although their different pathology is insisted upon by almost all the text-books. Then, if we separate clinically the effects of acute alcoholic excess from the condition of chronic alcohol-poisoning, with or without delirium, I believe that we are in a position to institute a rational treatment for mania a potu and delirium tremens.

Have frequently used Gerber's Milk Food in cases of typhoid fever, in the chronic diarrhœa (Summer complaint) and wasting diseases of children. I have found it an excellent and cheap food, taking the place, often, of expensive preparations of meat juice.

CHRISTOPHER TOMPKINS, M.D.
Richmond, Va.

INTERESTING CASE OF SMALLPOX IN A FÆTUS.—(*Bulletino delle Scienze Mediche*).—At a meeting of the Academy of Medicine, in Paris, Labbé presented for Vidal a fœtus which had been born alive covered with smallpox pustules. The mother had been vaccinated when a child, and never had the disease. The pustules at time of birth seemed to have reached their seventh or eighth day; larger than the pustules of ordinary smallpox; well umbilicated. The child died in a few hours.

About the time of the conception of this offspring the father was suffering from semi-confluent smallpox.

CITRIC ACID TO RENDER WATER SAFELY POTABLE.—Dr. Langfeldt has experimented with a number of substances in studying their applicability to the purpose of destroying microscopic life in drinking-water. The most striking results he obtained from citric acid. Upon the addition of one part to two thousand, life ceased in from one-half to two minutes. Microscopic examination showed that those forms of animalcula supplied with a thick epithelial covering are not affected by this dilute citric acid, but only those with delicate coatings. But as the greater portion of these unwelcome visitors belong to the latter category, and as those of the former variety are visible to the naked eye, a solution of the above-mentioned strength (1 to 2000) will suffice as a safeguard. In about one minute after their death these animalculæ settle to the bottom of the vessel containing the water, and can always be found in abundance in the sediment. As the solution of citric acid spoils so readily, Langfeldt advises that it should be freshly prepared every day.—*Druggists' Circular*.

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BOOK REVIEWS.

TEETHING AND CROUP. By W. V. Drury, M.D., M.R.I.A., enriched with notes and additions, by T. C. Duncan, M.D. Chicago. Duncan Bros. 1881. 12mo. Pp. 58.

Drury's popular and excellent manual on teething and croup, which has been in the hands of almost every homœopathic practitioner in England, has now a better chance for circulation here. It furnishes an epitome of the knowledge which usually takes the student and young practitioner several years in acquiring.

Written in clear style, and from a sound homœopathic and clinical standpoint, it gives us briefly the knowledge necessary to confidently treat these often worrisome affections.

The only criticism we have to offer is unfortunately upon the American notes.

We hardly think Dr. Drury's manual is enriched by additions such as one for instance, to the effect that "in acid children the stomach symptoms are usually aggravated. In alkaline children * * *," but these and the frequent reference to a work on "Diseases of Infants and Children and their Homœopathic Treatment" are the only points to which exception can be taken.

CATARRHAL DISEASES OF THE NASAL AND RESPIRATORY ORGANS. By G. N. Brigham, M.D., Grand Rapids, Mich. A. L. Chatterton. Pub. Co., New York. 1881. 12mo. Pp. 127.

Dr. Brigham gives us the symptomatology of thirty-two remedies for acute catarrh and thirty drugs for chronic catarrh, somewhat on the plan pursued in Johnson's Therapeutic Key, but more copious.

Clinical cases are interspersed and a repertory of five pages is appended.

We judge this the bulk of the volume to be well done and practical. Unfortunately we cannot say as much of the first eighteen pages, which treat of the etiology and pathology of catarrh; but this chapter has wisely been kept entirely separate from the therapeutical portions of the work, which constitute its merit.

THE HEART AND ITS FUNCTIONS. Health Primer No. 8. D. Appleton & Co., New York. 1881. 12mo. Pp. 95.

A very instructive manual for the laity or the young student, giving a description of the various grades in the development of the heart, from the most primitive form upwards, de-

tailoring the structure of the human organ and explaining its action.

The combination of heart pump, arterial recoil, arteriolar stop-cock action, the muscular contractions, thoracic aspiration, and cardio-vascular nervous mechanism, which maintain and equilibrate the circulation are clearly dealt with.

The diseases of the heart and their causes receive full treatment.

The only fault, perhaps, is a slight excess of detail and technical explanation.

The hygienic rules for the prevention of rheumatism, muscular strain and the gout (the three great causes of cardiac disease) are well given, and should be appreciated here as well as in England.

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BILIARY CALCULI; PERINEORRHAPHY; HOSPITAL GANGRENE AND ITS KINDRED DISEASES. By C. H. von Tagen, M.D. 8vo., pp. 154. Boericke & Tafel, Phila., 1881.

We have here a collection of three separate essays, the two former of which have been read in Western Medical Societies.

The first consists principally of a group of cases, historical and personal, together with the symptomatic indications for eighteen homœopathic remedies useful in this affection.

The points of interest in the paper are: the history of a case published in 1770, in which successful cholecystotomy was performed, and the fact, illustrated by cases related, that enlargement may be due to obstruction of the common bile duct.

The essay enters into minute anatomy and physiology, but can hardly be said to "embrace the histology, anatomy, physiology, and pathology of the liver."

The second paper takes up the history of the operation of perineor-

raphy, details Baker Brown's and Agnew's operations, and recites some fifteen personal cases, of which fourteen were successful.

The author seems not to be aware of the present modes of operating by our chief gynecologists. A plate illustrating the operation for complete rupture shows but a narrow, external strip of denuded surface, instead of a double triangular space extending upward toward the apex of the sundered perineal body. The most posterior suture is shown as passed almost directly across the laceration and entirely above the level of the anus, thus disregarding entirely the fact insisted upon and first proved by Emmet, that in complete ruptures, unless the needle is entered at the sundered and separated ends of the sphincter ani, which are generally upon a level with the opening of the anus, and the suture then be passed in a semi-circular direction, the sphincter ani will not be united and the operation will be but a half-way success, if even that.

The third essay is by far the most valuable of the three. Written in much better style, it puts on permanent record the success of an agent which doubtless saved many lives to the Northern army in the last war, and established itself by the testimony of many army surgeons as above all others the remedy for hospital gangrene.

The author of the paper, after taking up the consideration of the relation between the erysipelas gangrene, diphtheria and scarlatina of hospitals, as well as pyæmia and septicæmia, which are so frequent among wounded soldiers, comes to the conclusion that these diseases are local in origin, and where they affect the blood it is only after a true period of incubation at the local point, which, during the course of the dis-

ease, is the part that usually suffers most. The process or progress of the disease is likened to what we know of vaccination, which may be aborted by various causes interfering with the development of the primary vesicle.

The consideration of local causes—local infection—as the immediate causes of these diseases, does not in any way interfere with the belief in general causes, such as filth, dampness, over-crowding and lack of ventilation, which were universally found to be the promoters and inciters of this class of affections in our late war. It must be remembered that they are predisposing causes rather than exciting causes.

The testimony of many army surgeons who had numerous cases of hospital gangrene under treatment is to the effect that the affection is principally a local affection, which, when stamped out by cauterization, does not reappear without (possibly) a re-infection.

The second main thesis advanced by our author is that the class of diseases under consideration are almost if not entirely due to decomposition in one form or another. In part proof of this we have the fact that all the local remedies of proved value are antiseptic.

Our author goes on to speak of the peculiarity of hospital gangrene by which it eats into and destroys the planes of cellular tissue leading from the wound often to an enormous extent, even where the only external evidence is a small brownish slough at the site of the wound.

It separates whole tracts of skin from the deeper tissues and dissects out all the firmer tissues.

The writer speaks of the discovery of Bromine as a remedy for hospital gangrene, but omits to give us the name of the gentleman who discov-

ered its value and demonstrated its value, viz., Surgeon M. Goldsmith, U. S. Volunteers, who, in connection with the Army of the Cumberland, first treated the affection with Bromine at the Louisville hospitals in 1863, and with such marked success that the Surgeon-General deputed a special officer to report thereon. This report, by Surgeon D. J. Brinton, strongly recommends the remedy. Other reports detail cases cured where other means had failed, by Surgeons A. C. Post and F. H. Hamilton, of New York, Wm. Thomson and others.

The cases related in the volume before us, as well as the experiences of many who used the remedy in the time of the war, all point to the use of the pure Bromine.

The tables at the end of the essay show that with other remedies than Bromine a loss of over fifty per cent. of the cases may be expected, whereas the use of this one remedy will reduce that mortality to less than three per cent. Similar results being obtained in cases of gangrenous erysipelas.

In connection with this essay it may be well to mention the use of a dressing of turpentine, which was used in a large number of cases by Surgeon Jas. Robie Wood without a single death. The oil was applied pure upon charpie, which was closely packed in all the (oftentimes extensive) crevices burrowed out by the neurotic process.

The fetor was removed almost at once. The dressing was not entrusted to nurses, and was applied once a day. The hands of those using it became for the time irretrievably impregnated with the turpentine.

Its efficacy seems to have depended, as with Bromine, we should infer, upon its antiseptic powers and its *power of permeation*. W. Y. C.

ORANGE COLORED SUPPURATION.—Verneuil (*Cbl. f. Chir.*, No. 5, 1881; from *Archives Generales*) says that orange-colored pus was first observed by Lebert in pyæmic patients, and later was stated by Delon to be pathognomonic of the pyæmic condition. Verneuil formerly agreed with these authors, his experience during 1870–71 having gone to show that severe wounds and fractures from bullets, particularly in intemperate persons, were likely to give rise to suppuration of this character, leading to a fatal conclusion. Recent observation has, however, led him to different conclusions. Orange-colored pus, which owes its color to an admixture of blood-coloring matter, is also observed in slight injuries which do not result fatally, but never before the third or fourth day, and not later, in a carefully cleaned wound. The phenomenon is only very rarely observed, and usually when it does occur is ominous rather as showing a bad constitution on the part of the patient (alcoholism, phosphatic urine, &c.) than as indicating any direct tendency to pyæmia. A number of observations are given in support of this view. Riedel, of Gottingen, who translates Verneuil's article, says that his reasoning shows that he has not observed many cases of wounds dressed with careful antiseptic precautions, or he would scarcely have met with orange-colored pus on the third or fourth day (of a complicated fracture of the leg in a diabetic patient), under cotton batting, where there was at first no fever.

LARYNGEAL AND TRACHEAL STENOSIS AFTER TYPHOID FEVER.—Kiesselbach (*Cbl. f. Chir.*, Nov. 5, 1881; from *Deutsche Zeitschr. f. Chir.*) reports a case where gradually increasing dyspnœa, coming on half a

year after an attack of typhoid fever, in a girl of 17, made tracheotomy necessary. In addition to marked inflammatory changes in the trachea, two elongated mucous tumors subsequently made their appearance in the posterior tracheal wall. Kiesselbach supposed that these were brought out by long-continued pressure of the canula against the edges of the tracheal wound, because they were seated on a spot directly opposite the tracheal wound and outside of the point of pressure of the posterior wall of the canula. The passage of tin bougies while removing the stenosis did not affect the tumors; so Kiesselbach had a canula made which contained a fenestra on the convex side, which was closed by a plate hinged below. The plate could be placed in position by a screw, and pressed against the posterior wall of the trachea. By the pressure of this plate the tumors were gradually caused to disappear.

CURE OF OZENA BY IODOFORM (*Giornale di Med. Militare*).—Dr. Letzel prescribes Iodoform, mixed with gum Arabic, so as to form a smelling powder, in the proportion of two grains of the former to ten of the latter; three of the powders to be used daily. In six cases of ozæna so treated, the result was extremely satisfactory. In two of these, which had been under various treatments for two months, this affected a cure in from ten to fifteen days. In the other four cases, which were less serious, a cure resulted in six to eight days. Before administering the powder, the nasal douche is to be used.

J. F. W.

A CHARACTERISTIC SYMPTOM OF HEREDITARY SYPHILIS.—Prof. Parrot (*Le Progres Med.*, 1881, p. 125),

in a recently delivered lecture on infantile syphilis, speaks of a particular condition of the lingual mucous membrane, first observed by Gubler and Bergeron, and described by Bridoux in his thesis (1872), and which the lecturer considers to be connected with and characteristic of hereditary syphilis.

The tongue displays desquamation, beginning at the point and the borders, and passing over the surface, the process reaching the central raphé (*V lingual*) by the time reparation is beginning at the border. The circinate form of the desquamation, and its clinical character of proceeding by rapid and successive assaults, recommencing, for example, at the point of the tongue in the newly-formed epithelium, before it has fairly begun to disappear at the base, serve to make this peculiar affection of the tongue in hereditary syphilis an entity not likely to be mistaken for any other affection of this organ.

Histological examination shows, in perpendicular section of the lingual mucous membrane, that there is a tumefaction of the cellular elements of the papillary layer, with superficial shedding of epithelium and proliferation of embryonal elements, as in the cutaneous syphilides. Another proof of the syphilitic character of this affection is found in the fact that its maximum of frequency is at the same age as that of the other syphilitic manifestations. Prof. Parrot does not regard this lesion as contagious, nor does he consider it amenable to treatment.

MEDICAL TERMS ANSWERED.

EDITOR AMER. HOMŒOPATH:

The article by Dr. Wm. M. Butler, in April's issue, on the "Relations of Occupations to Insanity," was very interesting.

Will the doctor be kind enough to give the profession an article on the "Relations of Religion to Insanity," giving the percentage of insanity to each religious denomination.

For the benefit of Dr. M. W. Vandenburg, I will refer him to the preface of "Smith's List of Remedies," as explanatory to his multitudinous queries. And further, I would refer him to Marcy & Hunt, Theory and Practice, vol. I, p. 122, as to the mode adopted by Hahnemann in preparing the homœopathic attenuation. There it will be learned that no terms were used except the numerals to represent the attenuation; and these attenuations were prepared on the scale of 1 to 100.

There is but one conclusion, namely, the numerals represent the centesimal scale. All other strengths must be represented in some other manner.

Whether the numeral is expressed by large or small letters, the th's or any other mode representing the same end, is a matter of very little moment. Note C as a numeral, denotes one hundred. See Encyc., Brit., vol. IV, p. 616. As our friend the doctor is a learned man, he knows that the power to which a remedy is raised, is indicated by a small figure written over the remedy to the right.

N. C. RICARDO,

April 15, '81. Passaic, N. J.

ADDRESS OF PROF. DOWLING TO THE GRADUATING CLASS, TWENTY-FIRST COMMENCEMENT NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

I can hardly imagine a more delightful, restful state of mind than yours, gentlemen of the graduating class, must be this evening. Three years of close application to medical

books, and attendance upon lectures; with many of you a life of hard study crowned by a rigid examination, which you have passed successfully and with credit to yourselves, and the institution from which you will this evening receive the degree of Doctor of Medicine. Your labor, your anxiety, so far as this era in your lives is concerned, is at an end. The future looks bright to you, and judging from the success of those who have graduated from this College in former years—we think with good reason. We no longer stand in the relation of teacher and student, but upon an equal footing—brother members of a profession than which none is more honorable.

You propose devoting your lives to the alleviation of suffering, the cure of disease, the prolongation of life; and you will not forget that most important portion of the physician's duty—by proper counsel, and sanitary measures—the prevention of disease; and this latter is the most difficult and delicate of the physician's labors. All realize the importance of an early recognition of the signs of disease; the importance of a thorough knowledge of the best and most speedy means of arresting it when possible; but how much more important is a knowledge and an early recognition of the causes of disease, and a proper knowledge of the means of *preventing* it. I have said that this endeavor on the physician's part is one of the most difficult and delicate of his duties and few practitioners of medicine but will be ready to certify to the truth of this statement. How difficult it is for a strong and robust man to be convinced that the broken down constitution of a wife, or a child, is owing to miasm arising from soil in the neighborhood of the elegant and royal mansion in which he dwells, of

which he is proud, upon which, perhaps, he has lavished a fortune. How delicate a matter for the physician, when convinced that such is the case, in the performance of his duty, to state the fact; and how rarely too, is his counsel heeded. How difficult to convince the young man, or young woman, that the reckless lives of dissipation which they are leading, will render their later years miserable and shorten their days. How difficult to convince the man of business, the lawyer, the clergyman, perhaps, that the stimulus from which he is deriving the temporary strength to overtax his mind, or overwork his body, will sooner or later develop an organic disease positively incurable in its nature, or so reduce his power of resistance to disease that he will probably succumb to the first severe attack of illness, which from accidental causes he may contract; or that the headache, the restless and sleepless nights, and the general ailments from which he suffers are the result of unnecessary and foolish excesses and indulgences.

He professes to come to you for medicine and advice; but unless you can cure his ailments, at the same time permitting him to continue the very indulgences which have been the cause of all his troubles, in the majority of instances he loses confidence in you, and consults another physician, or resorts to the nostrums he finds advertised and lauded in his religious newspaper. I dwell upon this matter, gentlemen, because I wish to impress upon your minds the fact that nine-tenths of the illness from which we suffer are the results of avoidable causes—indiscretion on our own part, or on the part of those who have begotten us; and beg of you, in the performance of your duty, as honest physicians, to study the causes of disease, and fearlessly warn those who

are suffering from them, even at the risk of giving offense and losing a client. Why do we see so many sickly children, men and women? Why in our business circles, in professional life, in our congressional halls and senate chambers, do we see so many stricken down before they have nearly completed the threescore years and ten, which are allotted to the life of every man? Because of these very indiscretions. Because in many instances they have endeavored to live two lives in one. Remember those words of Bailey, "We live in deeds, not years, in thought, not breaths; in feelings, not in figures on a dial." We should count time by heart throbs. A given number is allotted to each life. They can be exhausted by a non-observance of nature's laws long before the cycle of life is completed by the hand of nature.

Your examinations prove that you have studied hard, that so far as text-books are concerned, you are prepared for the arduous and trying duties of the physician's life. Those of you who will finally come to the front, taking the places of those who, one by one, are passing away, will continue to improve the spare moments, which will not be few in the first years of your professional lives. You will cultivate the faculty of observation. You will be satisfied with small results at first. You will remember that in our profession men do not become great suddenly and that there is much yet for you to learn; and that the acquisition of this knowledge, particularly that obtained by observation and experience, can but be very gradual. You will profit by your mistakes, for you will make them. All who have gone before you have made them, and you will not be discouraged by your failures, or the unkind criticisms to which you will

be obliged to submit. It has been wisely said: "It is a poor thing to have all the world speak well of us." You will also remember the danger of prosperity, for it has its dangers. Forgetting yourselves, you will endeavor to do as much good to others as is possible. You will cultivate the friendship and respect of your brother practitioners. You will endeavor to obscure their faults, and never by word, insinuation, or look, attempt to lower them in the estimation of others. You will lead moral and Christian lives; entertaining "charity for all, malice toward none." Following these precepts, you will as surely prosper, as the morrow's sun will shine above the horizon.

Almost a quarter of a century has passed since the first-class of graduates left this College. It has been the aim of our faculty in the past, it shall be in the future, so to conduct this institution that our alumni will be proud to say they hail from the New York Homœopathic College; and we ask you, gentlemen, to consider the reputation of this College as identical with your own; and by continued study, and honorable lives, endeavor to make us proud that your names are to be found in the list of our graduates. Never in this world will we be assembled together again. By your studious habits, your attention to lectures, your always courteous deportment, you have endeared yourselves to us. We do not believe, in your entire number, there is a single man lacking in those gentlemanly instincts which are common to the well-bred physician. We shall be much disappointed, if in the near or far future, by any foolish or careless act, any one of you should convince us the respect we have for you, the confidence we have in you, has been misplaced; and in extending to you the right hand of fellowship, in bid-

ding you farewell, in the name of every member of this faculty I bid you God-speed; and assure you that wherever you may go, you will carry with you the esteem and friendship of every one of your former instructors.

COMMENCEMENT.

The New York Medical College and Hospital for Women held its eighteenth annual commencement in Association Hall, Twenty-third street and Fourth avenue, last month. The stage was prettily decorated with flowers, the Stars and Stripes, and the flag of Brazil, the latter in honor of the valedictorian of the class, a young Brazilian woman, who had been educated under the patronage of the Emperor Dom Pedro. Senhor Salvador de Mendonea, the Brazilian Consul, and many of his countrymen were in the large audience. The four members of the graduating class and the twenty-eight under-graduates occupied seats near the platform.

The exercises were opened with prayer by the Rev. Dr. William Ormiston, after which Prof. Clement S. Lozier, M. D., the Dean of the College, read the annual report. The present class will swell the number of graduates to 146.

Mr. Charles Butler, conferred the degrees on the following young women: Miss Lizzie Clark of New Jersey, Miss Maria Generosa Estella of Brazil, Miss Lucy S. Forbes of New York, and Mrs. E. B. Pettet of Germany. One of the class was absent on account of sickness.

The valedictory was then delivered by Miss Estella, who is a petite brunette. She presented an attractive appearance in a sweeping robe of white brocade, and was loaded with flowers. The Rev. Robert Colyer delivered an address.

THE INTERNATIONAL HOMŒOPATHIC CONVENTION.

Dr. Edward Hamilton, of London, has resigned the presidency of the convention to assemble in London on July 11th, 1881, and Dr. Richard Hughes has been appointed in his place. The many American physicians who met Dr. Hughes at the Philadelphia Convention, in 1876, will be glad to see him occupy this, position and those who know the active interest he has exhibited in it from the first, and the amount of work he has already bestowed upon it, as well as his great professional and executive ability, will recognize the fitness of making him its president. The convention promises to be one of unusual interest and importance and it will be a favorable time for our American brethren to visit England.

HOMŒOPATHIC DISPENSARY, BROOKLYN, E. D.

Dr. J. Albro Eaton, physician in charge, renders the following report for the month of March:

Number of males..... 342
Number of females..... 810

Total for the month..... 1,152
Total for February..... 839

Total increase..... 313

Daily average attendance in March... 42
Daily average attendance in February.. 36
Sub-divisions are as follows:

First—Nativities.

| | |
|----------------------|------------------|
| United States... 961 | Denmark..... 7 |
| Ireland..... 91 | |
| Germany... 54 | Total..... 1,152 |
| England... 39 | |

Second—Diseases.

| | |
|---------------------|----------------------|
| Digestive..... 262 | Unclassified... 41 |
| Respiratory.... 292 | Dental..... 62 |
| Skin..... 30 | Child'n & Throat 191 |
| Eye and Ear... 41 | |
| Surgical..... 110 | Total... .. 1,152 |
| Female..... 122 | |

Third—Ages.

| | |
|--|----------------------|
| Under 5 years.. 200 | Over 50 years... 156 |
| Bet. 5 & 15 yrs.. 250 | |
| Bet. 15 & 25 yrs 298 | Total.....1,152 |
| Bet. 25 & 50 yrs 248 | |
| Total No. of prescriptions for March...1,436 | |
| Total No. of prescriptions for Feb....1,043 | |

Increase over last month..... 393

Number of prescriptions made by each physician, viz.:

| | |
|----------------------|----------------------|
| Dr. Ashwin.... 83 | Dr. Palmer.... 154 |
| Dr. Eaton..... 225 | Dr. Stafford.... 63 |
| Dr. Eden..... 132 | Dr. Von Schoon- |
| D. Hanford.... 44 | hoven..... 133 |
| Dr. Jarrett..... 267 | Dr. Van der Luhe 188 |
| Dr. McLenathan 78 | |
| Dr. Nichols. .. 69 | Total.....1,436 |

The officers of the Medical Staff and the several departments are as follows: Pres., J. Albro Eaton; V.P., F. E. Stafford; Sec., W. H. McLenathan; Treas., E. H. Ashwin; Respiratory Diseases, Drs. Ashwin and Von der Luhe; Digestion, Drs. Eden and Van Schoonhoven; Surgical and Skin, Drs. McLenathan and Palmer; Eye and Ear, Dr. Palmer; Female, Drs. Eaton, Nichols and Stafford; Unclassified and Children's, Dr. Jarrett; Throat, Dr. McLenathan; Dental Surgery, Dr. Eaton.

REMOVALS.

Dr. Lillienthal, to 230 West thirty-fourth street, New York.

Dr. Burdick, to 37 West Forty-second street, New York.

Dr. C. B. Currier, to Ellis street, San Francisco.

Dr. Baner, to 324 Madison avenue, New York.

Dr. Bukk. G. Carleton, to 166 West Thirty-fourth street, New York.

Dr. Cowl, to 36 West Twenty-first street, New York.

Dr. T. D. Bradford, to 15 West Forty-eighth street, New York.

Dr. J. G. Brinkman, to 219 West Twenty-third street, New York.

Dr. Liebold, to 1271 Broadway, New York.

Mrs. E. B. Pettet, M.D., is at 147 East Thirty-first street, New York.

C. H. Viche, M.D., to Henderson, Ky.

L.S. Porter, M.D., to Vernon, Mich.

New York Ophthalmic Hospital for eye and ear; report for the month ending March 31st, 1881: Prescriptions 4,192; new patients 650; patients resident in the hospital 22; average daily attendance 155; largest daily attendance 231.

CHARLES DEADY, M.D.

Resident Surgeon.

A leading physician of New England says, with reference to Phillip's Palatable Cod Liver Oil, that having prescribed almost every oil that has been introduced and brought before the notice of physicians, he has found none to compare with the above oil. It agrees with the stomach. Patients do not turn against it as with other oils, and it appears to give better satisfaction generally.—*Boston Journal of Chemistry, February, 1881.*

CORRIGAN'S BUTTON IN RESTORING THE HEART'S ACTION.—Dr. Mullin writes to the *British Medical Journal* urging the use of the simple and efficient instrument known as Corrigan's button. He does not describe this instrument, but says that an ordinary metal spoon or iron key, warmed in the flame of a candle or gas-jet, might be used. It should be heated till the finger can just bear it, and then used to give a few short, sharp taps over the region of the heart. Two incentives to arouse the action of the heart are thus given—the effects of the tapping itself and the shock of quickly-applied heat—more potent, perhaps, than electricity.

THE
AMERICAN
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MEMBRANOUS CROUP.

BY

N. C. RICARDO, M. D.

Passaic, N. J.

On the afternoon of January 3d last, I was called to see a child, three years old, supposed to be dying from croup. It had been sick two days. The usual croupy symptoms were present, and the child lay gasping for breath. On examining the throat, a membrane could be seen extending from the larynx behind and a little above the epiglottis. Death seemed inevitable. I anticipated a fatal termination during the night. Having never seen a case so bad recover. The question in my mind was, *what to do?* I had seen all the ordinary remedies fail in this form of croup, and as to emetics, they are worse than useless. Deranging the stomach and yet failing to detach the membrane. I knew that Kali. b. in its pathogenesis had pseudo-membranous deposits on the respiratory mucous surfaces. Therefore I prescribed Kali. b., 30 (Smith's trit.) every quarter hour.

In the evening I saw the child again, and to my great satisfaction found it breathing more freely. The child seemed improving. The next day it was decidedly better. I continued the Kali. b. 30., every two hours.*

Jan. 5th.—Was worse last night, especially before midnight; after which he slept till morning. Cough hard, dry and croupy. Spong. 30 every two hours.

6th.—About the same. Kali. b. every two hours.

7th.—Still no further improvement. Has considerable fever. Acon. x. every two hours.

8th.—Fever better, otherwise about the same. Continued the Acon.

10th.—Cough still very croupy. Hepar s. 30 every two hours.

14th.—No improvement in the cough. Cough worse at night. Dry hard cough. Bell. 200 every two hours.

*Had I this prescription to make over again, I should have given Kali. b., 200, *one dose*.

18th.—Cough almost entirely gone. The Bell. affected it readily. I continued the same every two hours, and the child made a fine recovery.†

HÆMOPTYSIS.

BY

C. J. FARLEY, M. D.

Swanton, Vt.

Mr. A.—b, aged about 30. Married; nervo-bilious temperament. Said he had been complaining for several months of sharp pains in right lung, about midway. Slight cough without expectoration. Mother died of consumption. Was taken suddenly in the night, in August 1880, with hemorrhage. The wife being frightened, called on the nearest physician who lived next door. The physician (allopathic) attended the patient until noon the day following. I was summoned, in great haste, about 3 P. M. The patient was bleeding pretty freely, had saturated several towels. Complained of chills, headache, etc.; pulse strong and full, face flushed, considerable thirst. "The doctor says it does not come from my lung, but I know better; I can feel it start from there (placing his hand on right lung where the pain had been heretofore). It commences with a tickling sensation, then a slight hack or cough, when

†While the parents were much pleased with the recovery of their child, yet I condemn myself for not discriminating more closely as to the remedies. In looking over the case, Kali. b. and Bell. were the only remedies that had any permanent effect upon the croup. Had Kali. b. been followed by Bell. on the second day, instead of the eleventh, I have no doubt but that the case would have recovered in less than one week. However, the saving of the little one's life was a great triumph for Homœopathy.

it comes up easily. The character of the hemorrhage, seat of pain, etc., gave unmistakable evidence where it originated.

The physician had been giving him *Verat vir.* in Fl. ext., with emulsion of *Spr. turpentine*, all to no effect. My prescription was *Aconite tinct.* six drops in two-thirds of a tumbler of water. Same of *Erigeron can.*, alternately every twenty minutes, until the bleeding was controlled. Called again in the evening, found the bleeding had ceased. Continued same remedies until morning.

15th, 7 A. M.—The patient had restless night, with considerable fever, thirst, severe backache; with bad feeling in the bowels, attributed to the turpentine. Very little cough, scarcely any expectation.

Gave *Acon. 1x.*, *Bell. 2x.*, alternate, every thirty minutes. Called at noon, found the patient in every way improving. Left *Erig. can.*, should hemorrhage recur. *Pond's Extract* was used freely for bathing back and sides. The patient rapidly recovered under the use of *Bell.*, *Bry.*, *Nux.* and *Sul.* Another convert to homœopathy, and the physician made happy.

CHRONIC ENDOMETRITIS.

BY

H. L. GODDEN, M.D.,

Morrison, Iowa.

I do not propose in writing of this most common of all chronic affections of women, to treat the subject exhaustively, or go into the details of its pathology, but merely call attention to some few points in etiology and treatment that it may be of benefit to think about.

It is quite common to think that virgins are exempt from endometritis, but this is an error so far as my experience goes, as in the form of cervical endometritis it is a very common complaint especially among town and city girls.

It is mainly in regard to the disease as it occurs among virgins and women who have not borne children, that I shall write.

The pathology of the disease is given very completely in the excellent works of Thomas, Schröder and others, hence I will refer to these for this part of the subject, mostly.

Endometritis is more often limited to the supra-vaginal portion of the cervix. It does not make its appearance generally till the menstrual morlimer is set up and frequently not till a later date. Commonly, however, it shows itself very soon after menstruation is established, hence from the very nature of the case the disease must have had its origin before.

The most potent predisposing cause is improper dress from the time a girl is out of long baby clothes upwards. Their clothing is such that the limbs and lower part of the abdomen are frequently chilled and kept habitually at a lower temperature than the rest of the body. This naturally causes afflux of blood to internal organs from the skin. This effect is more certainly brought about by girls being kept more closely in the house, hence the chilling process is more disastrous. Their confinement too, weakens the system by the lack of pure air which is part of such confinement, so that they are less able to throw off disease.

As the girl grows older she learns that it is not modest to be seen going to the privy, hence she will neglect nature's calls till a costive habit is engendered. Her dress now, though perhaps a little better as regards

warmth is still harmful. All the weight of the skirt is thrown onto the hips and abdomen, and very often a corset is added very early. All this tends to increase the hyperæmic condition of the pelvic organs, the beginnings of which were laid earlier in life.

There may be no very marked symptoms till the girl arrives at the age of puberty, then too often the effects show themselves with full force.

Care is very rarely taken to protect girls under the age of puberty from exposure, though for a year or two usually preceding that age there is a very great susceptibility of the nervous system, and the physical too, to surrounding influences.

Schröder puts the whole subject of cause in very few words. He says: "All those conditions which are calculated to produce any fluxion towards, or stasis of blood in the uterus, must rank as causes." This is just as true of the girl's ante-menstrual life as later. There is very often no apparent cause beyond the predisposing causes spoken of, and again some exposure to cold or damp weather is an exciting cause.

Thomas ranks obstruction of the cervix as a cause of dysmenorrhœa and also of endometritis. This has not been my experience, but on the contrary, I have often known chronic inflammation of the supra vaginal portion of the cervix produce the most violent spasmodic dysmenorrhœa. I have never known a case of obstruction of the cervical canal short of absolute occlusion, which will produce inflammation or pain. Dr. Thomas seems to have mistaken effect for cause.

Another cause of fluxion and finally stasis of blood in the pelvic organs is undue familiarity with males and the reading of sensational love stories, which by influencing the pas-

sions produce an enervating effect on the whole nervous system. The sexual portion of the brain is excited and very often masturbation is indulged in to allay the sexual excitement produced, thus adding fuel to the fire.

All these causes are as factors to make up a grand total. They are not all present in any one case, nor is any *one* a sole producing cause, but each case must be studied for and by itself. The special symptoms are few but very significant.

There is at first no very marked symptoms between menstrual epochs except general debility. But at the epochs the disease shows itself by very severe pain, generally of a spasmodic character, frequently simulating labor both in rhythm and severity. The discharge is scanty and generally dark. The stains are almost indelible. This latter is a very constant symptom.

Soon more or less constant pain in the lumbo-sacral region is felt, with a sense of dragging and weight in the pelvis.

Leucorrhœa is always present and generally profuse.

If a digital examination be made, the uterus will be found rather low in the pelvis, but not otherwise abnormal, except in bad cases when there is considerable sensitiveness and there may be quite marked enlargement of the cervix or body, or both.

If the attempt is made to pass a probe, even the finest whalebone, the most exquisite pain is produced when the instrument reaches the internal os which contracts forcibly at the slightest touch. That this is a spasmodic stricture and not a true narrowing, is shown very plainly if a little Bell. extract is smeared on the end of the probe when it will pass without any trouble as soon as the extreme sensitiveness is overcome by the Bell. In true stric-

ture *large* doses of Bell. amount to very little.

It is seldom in private practice that an examination of any kind is allowed with virgins, hence in these we must be guided by the history and symptoms.

To a certain extent these differ in different cases, but the indelible character of the stains together with the scanty and painful discharge render the diagnosis pretty accurate.

The disease may extend, even in virgins, so as to involve the whole lining membrane of the body. In this case there is less pain but more profuse flow even amounting to menorrhagia.

The weight and general discomfort are present still, and in some cases I have seen, there was quite severe pain preceding the commencement of the flow.

The first class of cases occur in rather thin, scrawny women while the latter are mostly more robust, frequently gross in appearance. There are many exceptions, however, in both classes. Sterility seldom results in these cases except in those of the most aggravated character.

The prognosis will depend very much on the extent of control which can be had over the patient. The case will be tedious enough at best.

First in the treatment must be proper clothing and a proper mode of wearing it. It must be supported from the shoulders. The feet must be kept dry. Everything must be abandoned which will cause fluxion or stasis of blood in the pelvic organs. Attention must be paid to the bowels which must be emptied at regular intervals. The bladder must not be neglected.

Good nourishing food and plenty of exercise in the open air will aid very greatly.

Strong coffee is very injurious also.

exciting, and sensual reading, as well as the hugging and kissing which is altogether too commonly allowed from males. A certain amount of proper association between the sexes is beneficial to both.

The medical treatment, must from the nature of the case, be very largely internal. The medicines most often called for in my practice have been Secale, Cimicifuga and Gelsemium. Constipation is generally present and calls for Nux vom. and Podophyllin. Cascara Sagrada fl. ex. is also a very good remedy for constipation. I have not very much experience with it however.

When the flow is profuse Hamamelis will be serviceable.

In the nervous complaints which come sooner or later electricity is of benefit; also in ovarian irritation. Hamamelis will be serviceable.

No exact line of treatment can be laid down, but each case must be studied carefully.

At some future time I will follow out the disease as it occurs in women who have borne children, in which there are some marked points of difference from the same pathological condition in unmarried women or those who have never borne children.

This is a very important subject and will well repay study. If I have stated some things that cannot be accepted, I am ready to discuss the subject either in public or private, and if I have succeeded in drawing the attention of physicians to the vast importance of reform in girl's dress I have accomplished my desire.

CAUSES OF HUMMING IN THE EARS.

—M. Boudet, of Paris, concludes from his researches on this subject. 1st. Amongst the causes of humming of the ears it is suitable to take into

account the increase of the muscular bruit by a resonant cavity. 2nd. The formation of this resonant cavity is obtained pathologically or experimentally by the occlusion of one of the natural cavities of the auditory apparatus, that is to say, by obstruction of the external conduit of the Eustachian tube.—*L'Union Medicale.*

PETROLEUM IN PHTHISIS.

BY

W. R. McLAREN, M. D.,

Detroit, Mich.

During my temporary residence in New England many opportunities were afforded me for the study of pulmonary diseases. My attention was called to the above drug by a very intelligent gentleman from the oil regions of Pennsylvania, who reported several pronounced cases of phthisis in the first stage having been cured by it. He also informed me that the families of those engaged in that region very seldom consulted a physician for any throat ailment, as they found prompt relief in the external application of the drug; also diluted as a gargle. From these statements I was led to use it in phthisis with the following results:

Case I.—This case was one of incipient phthisis; respiration was broncho-vesicular; marked increased vocal resonance; night sweats; dyspnoea, poor appetite; pulse 112. Having a preference for the sixth dilution, I prescribed Petroleum 6x. There was no improvement until the second week. The patient was discharged cured at the end of three months.

Case II.—A young woman, an operative in a cotton cloth manufactory,

whose parents and only brother had died of phthisis, consulted me as the last hope. Jerking respiration, coarse bubbling rales, broncophony and whispering broncophony pronounced; cough, with muco-purulent expectoration; pulse 118; dyspnœa severe; almost total loss of appetite. This case seemed hopeless, but I determined to see how much virtue there was in petroleum. The record of my case does not state what decided my preference for the third potency. Lung exercise, diet, and all the usual auxiliaries were enjoined. At the end of a week my patient was losing ground. I prescribed the 12x, and continued it for two weeks, without any hopeful results. I decided to alternate with Cal. phos. 3x, and at the end of a week there was evidently amelioration of all active symptoms. This treatment was continued for four months, and the patient was so much improved as to be able to walk a mile every day. I have not heard from this case since I left the east. The fact is, however, that petroleum has a marked controlling influence over pulmonary tuberculosis. I know of no remedy that so promptly lowers the pulse, and at the same time modifies the cough. In chronic bronchitis it is valuable, by inhalation.

I have under observation a case of fibroid phthisis, which I will report to you in detail at some future time.

HÆMATURIA.

BY

F. G. OERTEL, M. D.,

New York City.

Mr. John F., an educated man, fifty years of age, printer by trade, came to my office, supported by the

arm of a stout man in consequence of his inability to walk alone, even for one block, and being too feeble to speak, begged leave to present his complaint in writing.

He handed me a paper with the same facts written in German, as I state them here *i. e.* That he had suffered from hemorrhage for the last twenty years, probably inherited from his father; that he was troubled with cramps at short intervals in his right hand during the past eight years, perhaps (as he thought) the result of close confinement to business; and during the last five years he had been subject to hæmaturia, etc., which he could not attribute to any cause whatever. Possessing some limited means he employed several physicians in succession, till paying bills became no longer possible.

Necessity compelled him to take refuge in hospitals. Thinking that he might possibly derive some benefit from a change of climate he went South, and was in the hospital at Savannah for several weeks. Not getting better, he came North, placing himself under the care of the physicians in the German Hospital of New York city for eight weeks; finding no relief, he made application for admittance to St. Luke's Hospital, in this city, and was there under treatment nearly two months; feeling no sign of improvement, he left and was received in the New York Hospital only to be treated in vain for four months more. His wife being then in possession of a small fancy store, with the assistance of their son, persuaded her husband to return home and to die in the midst of his family and home comforts. According to his statement he experienced nothing but severe sufferings before and during the whole of his hospital life and afterwards. If he felt a little better for one or two days he had a relapse and

was never free from hæmaturia in spite of all the fly blisters, irritating ointments, numerous injections of Tannin, astringents indicated, and other stuff he had to swallow. Urinating was extremely painful; the secretion was voided in drops and thick coagulated blood in forms from one to two inches in length and as thick as a lead pencil was escaping daily through the urethra with excruciating pains.

In consequence of loss of blood during all that time he was considerably debilitated and so weak that walking became extremely difficult, and only with the greatest effort could he get up stairs.

He was disgusted with doctors and discouraged in general. He denounced allopathic treatment and had no confidence in homœopathic sugar doses. But still he listened to the advice of one of his friends to try the new school method, and finally came to the agency where infinitesimal powers are claimed to do great work. The man's appearance, his emaciated, feeble, trembling frame, the expressed suffering in his face, the yellow complexion, gave unmistakable evidence that he had a long history of sickness and torture behind him. This was an interesting case.

The treatment began. Cantharis for two weeks—morning and night—a powder of the 30th achieved good results. The pressing, cutting, violent pains disappeared to a great extent. "Doctor, I feel better," were his words on entering the office.

Terebinth, Senecio, Mezereum, Millefolium, Nitric acid, Coccus cacti, Phosphorus, Sulphur, Hydrast., &c., were engaged to fight the battle and finally won the victory. He improved gradually from time to time. Once he declared he was free from pain since the last five weeks. I still kept him under treatment for over four

months longer. After that time he had no complaints in regard to hæmaturia. The hemorrhoids and cramps in the hand were much better. He did not mind these little things, as he called them. His appetite was good; urine clear, normal in quantity, without being mixed with blood; no pains; slept well; went to Staten Island and walked all day, was cheerful and felt like another man.

HOMŒOPATHIC MEDICAL SOCIETY,

County of New York.

MAY 11th, 1881.

A regular meeting of the society was held at the Ophthalmic Hospital, the president, J. Ralsey White, M. D., in the chair. There were thirty-six members present.

The minutes of the last meeting, held April 13th, 1881, were approved as recorded.

The Board of Censors reported favorably on the nomination made at the last meeting of J. E. Russell, M. D., for membership in the society, and he was duly elected by ballot.

Henry Von Musits, M. D., read a paper on rubeola (German measles—roetheln). He detailed the symptoms characteristic of the various forms of rubeola, as laid down by medical authorities, and made the following contribution to the history of the disease:

"Mr. Bird, aged 24, called for my professional attendance on March 22, 1881. When I saw him first on that day his complaints were as follows: General malaise, severe headache, watering of the eyes, nasal catarrh, and hoarse cough. March 23d, the same. March 24th, catarrhal condi-

tion the same, and in addition slight sore throat, swelling of the parotid glands, and loss of appetite. A rash had appeared during the night, having a scarlet color. The whole face, especially the forehead, also the hairy part of the scalp and chin, around the mouth, neck, and body, and all the extremities, were closely covered with it. On passing the hand over the surface of the skin the papular elevation was rough and distinctly felt; there was a slight tumefaction of the whole surface, especially of the face; fever moderate; pulse 90. During the following six days the exanthema grew gradually fainter, and on the eighth day after its first appearance the elevated dotted spots assumed the appearance of peeling off, but not like the desquamation of scarlet fever. The catarrhal symptoms were all better; appetite returned, almost ravenous. I saw the patient, who was seemingly getting over all his troubles, on the tenth day again. On April 4th there was aggravation of all the catarrhal symptoms; the eyes profusely watering; swallowing difficult; severe headache. April 5th, the condition the same. April 6th, a rash similar to the first appeared as a relapse, the same form, accompanied by a severe articular rheumatism, with great swelling and pain, restlessness and high fever; pulse, 120. As the first eruption was peeling off, the second under it in full blossom, the patient's face being also much tumefied, assumed a very peculiar look. This second rash went through just the same process as the first, growing fainter and peeling off. The rheumatism became better, but the patient's face and hands show even now pale dotted spots where the exanthema had its appearance. Diagnosis—rubeola, German measles, roetheln. Treatment—symptomatic."

F. E. Doughty, M. D., asked Dr. Von Musits whether he had observed

any enlargement of the glands over the mastoid processes, and said that he thought that in the present epidemic of the disease that symptom was not diagnostic of German measles. Dr. Von Musits said that there was enlargement of the glands.

F. E. Doughty, M. D., read a very interesting and instructive paper on typhlitis and perityphlitis, which will be found in full in the July number of the *Medico-Chirurgico Quarterly*. In addition to the reading of his paper Dr. Doughty said that without an operation with the knife, cases are very apt to terminate fatally; and if the physician delays the operation until the symptoms of fluctuation appears he will be likely to lose his patient. The rule he had adopted was, after the first week of the disease, if he found the tumor well marked and the temperature high (100 or a little over), to make an incision and putting in a large hypodermic needle he explored for pus. If he found pus the needle was left in, the incision enlarged, and the finger introduced to search for a foreign body; if pus was not found no harm was done. The needle could be introduced every two or three days with impunity to search for pus, and the danger of internal rupture is avoided.

Robert McMurray, M. D., said he had seen a few cases of the disease. His experience had led him to feel very jealous of the use of cathartics in it. If the obstruction is occasioned by impacted feces, and the physician succeeds with the first cathartic in relieving the patient it is well, but if he fails the patient is ten times worse, and every time a cathartic is administered his chances are lessened. Dr. McMurray had noticed the effect of cathartics very particularly in the case of a friend of his whom he had treated for perityphlitis. Hot fomentations he had found exceedingly useful,

nothing relieving the pain so much except Opium. The patient above mentioned recovered by resolution. The remedies used were Opium, Mercury; Belladonna and the hot applications. Opium he regarded as more than a palliative. It produces relaxation and determination to the surface and all those conditions favorable to the resolution of the inflammation as well as any other remedy that exists. Dr. McMurray has suffered from the disease himself and had found great relief from morphine, a few drops being put into half a tumbler of water and a teaspoonful taken at a time. He had found that there was a great tendency to recurrence of the disease and the troublesome after effects persisted for a long time. He himself still experienced a sense of constriction in the abdomen and he could not stoop down to button his right shoe or drop his right knee to a level, as he could the other.

S. Lilienthal, M.D., said he had seen two cases of the disease, one of them in a relative. In neither case did he use Opium, but in both of them he used extract of Belladonna very freely, both externally and internally. He had no confidence in the tincture for such cases. He used also hot fomentations, and Mercury low internally. He had tried Belladonna high and failed entirely with it.

J. M. Schley, M.D., said he had two cases of perityphlitis, one of these was in a lady of 68 years, and occurred about eighteen months or two years ago. She recovered after an illness of two or three weeks by the use of Belladonna, Bryonia, Mercurius, and hot applications. She refused to take Opium in any form. She was subject to chronic constipation. A tenderness at the seat of the disease remains; frequently on any little disturbance of the bowels she will complain of pain; it is difficult for her to get around and

to go up and down stairs; and she is in constant dread of a recurrence of the disease. Dr. Schley thought such a recurrence would probably be fatal to her at her time of life.

Dr. Lilienthal asked Dr. Doughty if operating for the disease was so successful that there was no danger of a recurrence.

Dr. Doughty said it was not; but operating warded off the dangers of internal perforation, and hence its great value. One of the worst cases he had ever seen was in a woman of 30 or 35 years, who had a tumor about as large as a cocoanut. He performed Buck's operation, and drew off half a pint of pus and put in a drainage tube. Healing took place gradually by granulations. Six or eight months afterwards, in consequence of sitting on damp ground, she had a recurrence of the disease; pus formed again; an incision was made in the same place as before and the pus drawn off. The healing took longer this time. Some months after she had a third attack, during which Dr. Doughty did not see her, but pus formed again and was drawn off as before and she again recovered; this was the only case he had ever seen where there was a relapse after operation. But relapses were very prone to occur. In one case which he knew of, occurring in a young man, there had been three relapses, and the patient is in constant dread of a recurrence of the disease. If he straightens himself a little more than usual or tries to lift anything he is conscious of there being adhesions in the locality of the disease. On the other hand Dr. Doughty had seen one case, the patient being his own brother, where recovery took place in ten days or in two weeks, and was perfect. From that time, which was in the year 1876, to this, he had never had the slightest indication of similar trouble, although he had been through

all kinds of rough life, ranching in Texas, hard riding, etc. In this case the attack was very sharp, the tumor well marked, and the patient was seen by quite a number of the best physicians, who all concurred in the diagnosis. The remedies Dr. Doughty had found most successful and used chiefly were Mercury low, Belladonna and Bryonia, with sufficient Opium to keep the patient quiet and free from extreme pain. He did not believe that Opium, even in massive doses, would do anything like the harm which writhing in pain would do, besides the risk of rupture. Opium also stopped the peristaltic action of the bowels, preventing accumulation and pressure. In his brother's case he had used Mercury to the point of touching the patient's gums. He had tried the higher preparations of Bryonia and Belladonna, but never with any success.

Dr. Von Musits said he had charge of a case, the patient being a child between nine and ten years old. The sensitiveness of the abdominal wall was so great that hot fomentations could not be used. He administered Lachesis 200; and the child recovered, and has had no attack since.

John A. Rockwell, M.D., said that a patient of his, a lady of 35 years, who had had an attack of typhlitis as she said at about the age of twenty, was in constant fear of a recurrence, and when indications of approaching constipation occurred or when she feared constipation she would come to Dr. Rockwell in great alarm. He noticed in the patient on two occasions a swelling and tumor which was tender to touch, accompanied with considerable fever and great pain. The case he thought seemed to confirm the alleged tendency to recurrence of the disease.

The president asked the physicians

who had prescribed Mercury what form of the remedy they had used and what potency.

Dr. McMurray said he had used soluble Mercury in the first centesimal trituration.

Dr. Doughty said he had used *Mercurius dulcis*.

Dr. Lilienthal said he had always used Mercury low in this disease.

Dr. Doughty said he by no means advocated the use of opium in every case, but only when the pain was very intense, which it is in one-third or one-fourth of the cases. If the pain is bearable Opium in tangible doses should not be administered.

Dr. Lilienthal asked if Belladonna in tangible doses would not have the same paralyzing effect on the muscular fibre as opium.

Dr. Doughty said it might, but it would not have the narcotic effect of Opium. There are a great number of reputed narcotics, but none of them seemed to me to be of much use except Opium and Chloral.

The president asked if any physician present had had cases which had terminated fatally.

Dr. McMurray said he had lost a case. He knew also of a case which had been operated for by an allopathic physician where the abscess had been found, yet the case terminated fatally.

Dr. Lilienthal said he thought operations for this disease were often fatal. Only because they were made too late.

Mrs. M. A. B. Mount, M.D., presented for inspection a morbid growth of a fibro-fatty nature which she had removed from the vagina of a patient who came under her charge after having suffered for several years from the disease. The tumor was found attached to the internal orifice of the uterus. After considerable trouble Dr. Mount succeeded in removing it by ligature without hemorrhage or

danger to the patient, who recovered rapidly.

Adjourned.

F. H. BOYNTON, M.D.,
Secretary.

ORGANIC HEALING POWERS.

A LECTURE BY

RUDOLPH VIRCHOW.

[Translated from the German by the Marchioness
Clara Lanza.]

[Concluded from May Issue.]

Georg Ernst Stahl, the celebrated clinical lecturer, in the beginning of the past century, went a step further. He set up the soul itself, the *anima*, as a decisive principle. But at that time the philosophy of the unknown was not yet invented, and it was difficult to demonstrate that the hitherto thinking and conscious soul could here work in an entirely unconscious manner, and yet be systematic withal. It was also extremely hard to trace the diseases of cattle, the *morbi brutorum*, or the maladies of plants to a soul, if we did not wish to run the risk of losing the conception of the term by this extensive generalization:

Toward the close of the past century we became more and more inclined to admit the existence of an organic force secondary to the soul—some called it vitality, others natural healing power. Those inclined to the former opinion endeavored to unite a given relation of the healthy organism with an effort directed upon itself. Those who adhered to the latter idea were firmly convinced that a peculiar regulating force existed.

At all events, the much sought for *unity* was driven further and further into the background by the sudden appearance of these new forces. There was no longer merely a *dyas*, but a *trias*. The disease, the remaining

healthy portion of the body, and the particular force which ruled it. And no matter what special term was employed to designate the latter, it always partook of a distinctly spiritual character. Many attempts were made to reduce it to a scientific quality; to construct it according to a physical dynamic system; to interpret it as a particular form of electricity or magnetism.

However, as soon as the matter was entered upon seriously, and all the systematic plans and workings investigated, natural science became instantly transformed into a spirit.

Nevertheless, assistance was frequently deemed necessary. The course of the struggle was observed more minutely, and if it was found to be too weakly conducted either by vitality or natural healing force, endeavors were made to strengthen both, or at least to incite them to greater activity. But if the battle was found to be sustained with more force than necessity required, pains were taken to moderate and reduce the action. Thus arose a classification of conditions pertaining to disease—asthenic, sthenic and hypersthenic, names derived from *sthenos*, signifying strength.

It would lead us entirely too far from our course, should we attempt to expound the history of the various healing systems. It may suffice to say that every one of them, to use a common expression, has left its traces behind, and that an acute eye can easily detect them. According to our present ideas all these systems rest upon an erroneous conception of life and disease, inasmuch as they endeavor to attribute a more or less personal significance to each of these terms. The perception thus becomes figurative and typical.

Modern medical science has utterly renounced this tendency to personification, where the pre-supposed force

does not correspond with an actual demonstrable body. It further separates simple forms from compound ones, although, according to the mode of observation they may possibly produce the impression of unity. For instance, the human organism appears to be a compound form, although we may correctly apply to it a personal expression. Each particular cell can be interpreted as a personality, for they are all self-existing and self-acting, and their power emanates from their own construction—their *physics*. In this case the human body is not a unity in the strict *material* meaning of the word, but on the contrary a plurality, a collective form, and in a certain degree, a state. There likewise exists no one force which rules it and establishes its action, but on the contrary, a co-operation of many forces which are inseparable from the living element. Even the greatest phenomenon in human life, the spiritual I, is therefore no steady, immovable capacity, but a very changeable one.

If the human organic structure appears to us as a unity it is chiefly due to three circumstances: First, in the construction of the vascular system and in the blood circulating through it, there is another perfectly accorded system which pervades the entire body, effects the material intercourse of the various substances, and constitutes a certain dependence of the parts upon the blood. For a long time, therefore, people looked for the source of life merely in the blood, and endeavored to explain all the incidents pertaining to disease and cure by means of the blood alone. When it appeared to be impure it was refined with inappropriate substances. When there was apparently too much or too little, it was drawn off, or attempts were made to produce it. In the second place, in the formation of

the nervous system, to which man's highest powers are attached, namely, the intellectual, we find an organization extending throughout the entire body, converging to the brain and spinal marrow, and which on one side is qualified to adopt outward impressions and conduct them to the great centre, while on the other side it possesses the capacity to eject any impulse directed upon other portions of the body by causing them to make particular assertions of activity or else to limit them.

Diseases such as fever, for instance, can only become intelligible by referring to the great number of collected phenomena which come under this category, to the nervous system.* What wonder then that there is continually a fresh attempt to explain disease and cure by means of the nervous system?

But there is still a third point. This is the enormous mass of tissues of which the body is built up. The compound construction of countless numbers of cellular elements which are organized in the most varied manner, and are capable of producing the greatest diversity of results. Many of them, such as the muscles, appear in a high degree to be simple bearers of strength. The blood would be an immovable mass if the muscles of the heart and vessels did not circulate it mechanically. Other tissue formations, as the glands, superintend various things, the act of secretion, for instance, which represents a no less declaration of force. But each of these regulations, every one of these so-called organs is again a plurality compounded from endless elementary organisms, the cells. And when we see that the nervous system is just as complex, that the vessels, the heart and the blood are likewise compound

*Virchow. Fever. Four Discourses upon Life and Disease. Berlin, 1862, p. 129.

combinations, it is well proved that every observation which does not apply to a compound element must be external and superficial.

If such a conception upon first sight results in a detachment of the body, a total breaking up of the perception, a further contemplation will show that these innumerable elements do not exist in juxtaposition. Accidentally or indifferently, they belong to each other on account of their common descent from a simple element which insures a certain original resemblance and relation among themselves just as there is among the descendants of one family.

This is the "divine necessity" of Hippocrates in its modern form. It does not merely assume the material of all elements to be one organism, but it also concludes that it must form certain combinations by means of which the effect of the different elements through each other produces a legitimate arrangement of the general principles.

Such organizations undoubtedly occur in the vascular and nervous systems, and they exist also in the great masses of superfluous tissues. For even as the vessels and nerves influence these latter, so on their side they influence them. Thus arises a reciprocity of effect which can be beneficial or otherwise, according to circumstances.

As long as the effect is beneficial, so long will the organization appear to be in harmony. And we can experience it in our consciousness as a sensation of well-being. If the effect should be injurious on the contrary, we say disease has entered the system, and we experience a feeling of discomfort. These sensations do not relate solely to bodily conditions, but to those of the mind, also. There is moral as well as physical indisposition.

In a figurative sense, we might say *equilibrium* instead of harmony, and *loss of balance* instead of discord. In many cases such designations would have an actual significance. The distribution of the blood is arranged to a certain extent, according to simple hydro-dynamic principles. An increase in one part necessitates a decrease in another. The electricity existing in the nerves can be interpreted in a purely physical sense. Here are tensions and accumulations, there evacuations and discharges of electricity. Even the usual incidents pertaining to the growth of the tissues provide us with numerous examples. If one part increases in strength, another diminishes. A suitable instance of these antagonistic phenomena is given in the difference of incidents pertaining to growth between the male and female sexes.

From these remarks we already see that any disturbance of the harmony or equilibrium does not merely affect the common sensations, and therefore the nervous system, but also other parts of the body, and it can be readily understood that one disturbance will act upon this portion, and another upon that, etc.

All the parts do not stand in equal relation to each other, and those whose mutual dependence is the closest will, of course, be the soonest affected, while the others will be influenced in a lesser degree or else not at all. We designate the closer relationship as *sympathy*.

All these connections exist uniformly in sound, healthy bodies, and in order to explain them, we have no need to refer to the soul, vitality, or any other special spiritual force. When a diseased disturbance of the equilibrium occurs, they represent what we call *organic healing power*.

In order to obtain a full comprehension of this it is not actually nec-

essary to say much concerning the healing itself. The theoretical discussions which have taken place in regard to this point, and the practical inferences derived from them, have often become very much confused inasmuch as entirely opposite relations have been drawn together by means of them.

The old word medicine, which is almost synonymous with our modern term therapeutics, led to the misunderstanding that the entire practical energy of the physician should be directed to one particular point of the bodily condition inasmuch as his chief task is to cure. A closer reflection will show, nevertheless, that this is by no means the case.

Only a certain portion of medical power, although it may be the greater part, has reference to the curing of disease. Important branches of medicine allude to circumstances of sound health, supervised by the physician in order to prevent disease. Every year our activity in this respect increases.

Besides the removal of the various causes of disease, there is another cure which we designate as the *curatio causalis*. A foreign body, such as a bullet, a glass splinter, etc., penetrates into the organism and remains there. Frequently, if not always, the removal of this body is the proviso of a cure. This of itself, however, is not sufficient, for the cohesion through which the foreign body passed must first be united, and the natural connection re-established, before the actual restoration can be acknowledged.

Very often restoration is spoken of when the case in question consists merely of a disturbance or a simple deficiency. If a person breaks his leg he is not ill. He cannot walk, of course, and an actual malady can proceed from the fracture if the surrounding parts become inflamed and the nerves excited. But the fracture

itself is no illness, although it may become the cause of one. In spite of this, however, the sufferer always hopes to be "cured" by the physician.

Now it is unquestionably true that the same principle of observation can not be applied to all such cases, otherwise we should become hopelessly embarrassed. A broken knee will never set itself; therefore the physician is not to rely at all upon nature, but simply upon his own skill; but he does not occupy himself with the phenomena by means of which the fracture will be re-united. That happens by itself. The medical influence in question is certainly technological. It is by means of force that the physician brings the pieces together in a position which, as nearly as possible, corresponds to the natural one. It is by means of force that he holds them thus. But all that is not a cure, but merely the stipulation for one. The broken part finally grows together in a very bad shape, and the re-establishment of the connecting portions occurs only with a very unfavorable position of the fracture. Nature in this case works most powerfully.

Every restoration of a broken bone is also physiological, and the physician only endeavors to let it occur undisturbed and under the most propitious circumstances. This "only" is of very great importance to the patient, for a fractured bone which heals crosswise or crookedly can infringe upon the use of a limb for life. But when we come to investigate all the theories of healing we must remain firm in stating that recovery from fracture is not caused by the physician. *The cause of the cure is due to the surrounding tissues.* They produce a new tissue, which forms over the scar.

We now come to *actual diseases*. They are not mere disturbances, or

yet definite conditions. An actual disease is an incident, also a succession of conditions, one preceding from the other and affecting vital parts. No lifeless object, no dead body, ever becomes subject to disease. An animal or a plant can become diseased, but only while they are alive and only in such parts as are endowed with life. Therefore, every disease is a demolition to sound health, for the same part cannot at once be sick and well. Disease is also an incident pertaining to life. We call those incidents disease which deviate from the typical form of life, and which are at the same time affected by the danger to which they are exposed, for disease strives towards death, be it local or general, and, consequently, it struggles against health.

If disease is incidental to life, it must be allied to certain living portions. Therefore, we say the disease is "seated," and it is frequently one of the physician's most difficult tasks to discover precisely where this seat may be. But I must correct myself. In many cases the disease is located in several places. If a person has inflammation of the lungs he usually has a violent fever in addition. In this case the inflammation is situated in the lungs, and the fever in the centre of the nervous system—two entirely different places. Is all this one disease? Even at the beginning of the present century inflammation of the lungs was put upon the category of fevers. Now it is considered as local inflammation. Still it is the fever principally that is treated, while the inflammation is left to Nature. I will not enter into the fact that among many people who suffer from inflammation of the lungs the stomach and kidneys also become diseased. What I have already said will suffice to show that the mere investigation made to discover the location of the disease

leads us from the idea that it can be a unity. Unity only exists in so-called imaginary maladies. It is entirely figurative, a simple fancy, an abstract. In reality most diseases are distinct pluralities, some existing in which the number of locations is countless.

It remains further to be said that in reference to diseases the word "cure" has many significations. If the term in plain language means wholeness without injury, it should designate the entire and complete re-establishment of the condition. Such an interpretation as this speaks badly for technology. If one has a tumor on the knee and the leg is amputated, curing denotes none the less a complete re-establishment. But it does not always agree with physiology either.

There is scarcely a single form of inflammation of the kidneys which admits of complete restoration; hardly one example of inflammation of the brain which does not always leave certain defects. These diseases, therefore, are cured, but imperfectly, and yet we may say the patients are quite restored, because in spite of the deficiencies, new relations and connections take place in the body which cause the equilibrium of the actions performed.

As an example of the most perfect cure that we know of, I might mention inflammation of the lungs. Although it happens that in the course of a few days five, eight or even ten pounds of matter are deposited in the lungs through which the air inhaled should penetrate, we see, nevertheless, that again within a short time the entire mass is loosened and gradually disappears. This is the consequence of mere natural circumstances. But it requires only trivial aggravations, insignificant want of foresight, slight renewal of deteriorating causes, to interrupt this natural incident; then no relief can occur. On the contrary,

the masses of matter remain firm like dead material; they break in pieces; the tissue surrounding them becomes impaired and thus the first step is taken toward that insidious occurrence called consumption. Therefore, the timely advice of a careful physician is very important even if he does not cure, and consequently no one should confidently imagine that all can be satisfactorily arranged independently of him.

Every incident of disease arises either from a defective nutrition or formation, or else from some disturbance of the local actions. A compound disease frequently includes all of these reasons at once. Defects of nutrition and formation are generally classed under the category of *organic imperfections*, because in both cases local alterations take place in the organism. For this reason the equalization of the disturbances occurs generally very slowly. The defects can only be removed gradually, and the normal condition established by degrees. Functional imperfections on the other hand can often be removed in a moment, because the inward construction does not change and the local action is altered merely by unusual excitation or oppression. The more the disease is confined to functional blemishes, the quicker it can be removed.

In any case whatsoever, the cure is obtained by complete restoration of the bodily harmony. It consists of a balancing and regulation of the disturbed relations, and indeed, an equalization through inward bodily resources. The healing powers are situated in the vital portions of the organism. These parts nourish themselves, and produce adequate conditions. They bring forth actions which serve to direct, relieve and repair certain defects of the equilibrium. Even when the physician's utmost power is

exerted, when the part in question is cut off or destroyed, then also, restoration of the bodily equilibrium is necessary before any tolerable result can be produced. Also, when the healing powers remove certain imperfections, when an acid is neutralized by an alkali, or when a dormant faculty is roused into fresh activity by any excitation, the cure can only be perfect if the natural relations return again, or else if new ones are formed. Every outward effect is only a means by which to lead the inward formation of the body to free and regular action.

No physician can trust wholly to nature, but neither can he produce by art that which takes place naturally in the body. That is the work of the organic healing powers. Every medical man must rely upon their efficiency, but at the same time he has no right to sit idle with his hands in his lap in consequence. On the contrary it is frequently necessary to employ the most forcible interference in order to regulate the action properly. In particular diseases, how much nature is able to perform, and how much the physician is compelled to do, can only be ascertained by personal experience, and can be determined *a priori* by no theory. On the other hand, how far, in certain cases, medical treatment must extend, and how far the natural course is to be influenced by the physician, is not merely a question of experience, but frequently one of scientific value, which only an educated and cultured physician is capable of undertaking. Experience alone, in the medical world, produces only adventurers who perhaps may succeed now and then, but for whom self-reliance is always a risk. Such experience as is led and regulated by science alone is capable of removing all barriers, and able to designate the realm in which nature and the physical forces have supreme command.

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P. O. Box 3519, New York City.

BOOK REVIEWS.

SYPHILIS AND MARRIAGE. Lecture delivered at the St. Louis Hospital Paris, by Alfred Fournier. Prof. *de la Faculté de Médecine de Paris.* Translated by P. Albert Morrow, M. D., New York, 1881. 8vo., p.p. 251. D. Appleton & Co.

To the physician in his highest function, in the prevention of unmerited disease, there seems to be hardly a subject more fraught with vital clinical questions than the various relations of syphilis and marriage.

As the medical counselor to whom the newly married or about-to-be-married syphilitic refers his case for opinion, the physician stands not only in the position of a conservator of domestic peace and happiness, but of a preventer of disease which may include a score of innocent individuals

in its *ricochets*, and cause the death of a dozen unborn human beings.

Realizing as we do the *fatal* mistakes—the death-dealing blunders—which we may make by giving way to importunities, the facts which shall point out to us the strict line of duty in these matters must be exceptionally valuable.

How necessary is it not then, to have the clearest ideas upon the nature of syphilis in its varied relations to the married state and the family, in order in any case to give an opinion with the positiveness and firmness necessary in dealing with those who would prefer to ignore the dangers which they have brought upon their future families and themselves.

It is a very patent fact nevertheless, that there is no corresponding work to that by our author, and that there is but slight attention paid to the subject by authors upon syphilis. As we read this book we appreciate the necessity which has only now been fulfilled. At the same time that we observe the thoroughness and clearness with which the whole subject is treated.

The first thing that strikes us is the elegance and simplicity of the author's style, as well as the correct English in which it has been translated. The next, the abundant clinical fortification of each proposition laid down.

The most striking however, is the humanity, the high professional standpoint from which our author treats this most terrible of all medical subjects.

There seems absolutely nothing to criticize. The pervading sentiment of medical conservatism and an equally marked rejection of that form of medical skepticism which disbelieves everything not susceptible of actual demonstration alike leave us powerless to disapprove.

Equally when we read the first page and the last we are disposed to call this work a classic.

Living in an English-speaking country where, as among all Anglo-Saxon people the social evil is ignored, rather than admitted; and allowed full sway, rather than governed as it might be, the present work seems especially valuable. Calling sharply to the attention of the medical man as a conservator of society the dangers of syphilis not only to the individual but to the State, it cannot but aid the growing sentiment that something must be done to prevent the spread of its accompanying poison.

To give an idea of the contents of the volume would, owing to the comparative novelty of the work be quite impossible; we may however mention the division of the subject into two parts, viz.: Syphilis before and after marriage. The former containing chapters devoted to preliminary questions, Dangers due to Syphilis in Marriage or Direct Contagion; Syphilis by Conception (in wife without primary sore or glandular enlargements, not due to infection from patches upon husband), Paternal Heredity, Mixed Heredity, Maternal Heredity. Dangers of the husband to his wife in future family conditions of Admissibility to Marriage. The latter to husband syphilitic and wife healthy, husband syphilitic, wife healthy but enceinte; husband syphilitic and wife recently contaminated; husband syphilitic, wife syphilitic and enceinte; dangers to society, social prophylaxis.

To conclude, we may briefly and best indicate the scope of this brochure by its introduction. "Gentlemen: I propose to broach before you in a series of lectures, a question which, both in a medical and social point of view, is of the most grave and important character, viz., the study of syphilis in its relations with marriage.

"This question is eminently complex, as you may judge from its mere announcement. It embraces a multitude of problems, problems difficult, delicate, and perilous, which affect the dearest interests of families, and involve the heaviest responsibility for the physician.

"It is my desire and ambition, if not to solve all these problems, at least to state and discuss them before you in a manner to convince you both of the extent of your duty to society in this respect, and the important protective service you have in your power to render it.

"A very natural division of the subject presents itself here, viz. "1st.: A syphilitic subject wishes to marry, and comes to consult us in relation thereto. What condition ought he to fulfill, medically, in order that we may be justified in permitting him to marry? Or, conversely, in what conditions will it be our duty to defer or even to absolutely interdict the marriage?

"2nd. The marriage is consummated, and syphilis introduced into the conjugal bed. What medical indications are then to be fulfilled in order to lessen or avert the dangers of such a situation?

"In other words, what is, what should be, in this case the rôle of the physician either before or after marriage? Such is the twofold question which we have now to consider."

W. Y. C.

REPERTORY TO THE MORE CHARACTERISTIC SYMPTOMS OF THE MATERIA MEDICA, arranged by Constantine Lippe, A.M., M.D. New York, 1880. 8vo., pp. 322. Published by the author.

An alphabetical compendium of prominent, verified, clinical, and characteristic symptoms, based on the

Allentown Manual, with selections from the works of Böninghausen, Ad. Lippe, Bell, H. N. Guernsey, Hering and Jahr.

The symptoms are readably arranged in double columns. The text being printed in brevier type, a large amount of matter is contained on each page.

The work betrays an immense amount of labor. Remembering the training which the author must have had, we are led to believe it well and conscientiously done.

A repertory does not afford that food for criticism which works of composition, rather than of compilation, enjoy. We have to take what the editor admits as trustworthy. We must impose confidence in his power of properly classifying or, rather, of properly designating in brief the symptoms which he places in his columns or under which he groups a greater or lesser number of remedies.

The one unfortunate tendency of repertories is to divide up symptoms and, therefore, to group many remedies under certain heads.

We divine the principal use of a repertory to be an aid to finding one, two or three remedies which fit a certain unusual symptom, the drug for which we have forgotten or have not known. A symptom with fifteen to thirty remedies under it is more or less of a bugbear to those to whom repertories are most of use. Such a symptom is probably both a prominent and a verified one in the pathogenesis of some of the remedies arranged under it, but in consonance with the definition of the word so clearly laid down by our beloved Dunham we can never consider it in any sense as "characteristic."

This remark, we believe, will apply even more forcibly to symptoms which are clearly clinical rather than pathogenetic; *e. g.*, warts on *os uteri*,

varices on *pudenda*, hard lump in neck of uterus, prolapse of uterus, adherent placenta, ovaritis, moles (escape of), etc., etc.

TEACHING OF OBSTETRICS IN VIENNA.

BY

J. F. W. ROSS, M.B., L.R.C.P.,

London.

We will take, as an example, the clinic of Professor Carl Braun von Fernwald, who is said to have the largest obstetric and gynæcological practice of the present day. He has his own wards set apart in the hospital—the Allgemeine Krankenhaus; residing in this section, are his two assistants, both thoroughly versed in this branch of our profession. Under their guidance are the nurses—six of them midwives—and the students entered for the practice of the clinic. The nine to ten thousand annual deliveries are divided between the three clinics. From 8 a. m. to 8 p. m. on Monday, cases are received say in clinic No. 1. From 8 p. m. Monday to 8 a. m. Tuesday, in clinic No. 2, etc. This leaves twelve hours for purposes of disinfecting, ventilating and scrubbing, in every thirty-six. The protracted cases are put in a small room with four beds, adjoining the large ward.

The patients assemble, and after having their temperature taken are in turn examined externally by the students present, to enable them to form their diagnosis from palpation and auscultation alone. Then the assistant comes and questions whomsoever happens to be examining at the time. He then examines per vaginam. Should labor have begun or the temperature be above 30° C., only one student is allowed to examine her, and he must take the case to its ter-

mination. If below thirty, three or four examine her after the assistant. Taking a case simply means writing one's name on the board over the head of the patient's bed if none is already there. Since the puerperal epidemic, in November, 1879, new rules are being enforced. In November, after thirty fatal cases, the wards were closed for two weeks. Before examining p.v., the hands must be thoroughly disinfected in 5% carbolic acid, and soap rinsed, and then dipped in sol. of permanganate of potash.

In breech cases the assistant is present to assist, if necessary, or to take charge if he thinks the student incompetent. They are very particular about the exact position of the child to prevent the mistake of introducing the wrong hand when extracting the head. A napkin is rolled round the arm corresponding to the side on which is the child's mouth, the body of the child laid along it, the fingers put in the mouth one on each side of the lower jaw, the other hand applied to the nape of the neck, traction made downwards and forwards, and the child's body is carried up over the abdomen of the mother while the assistant presses firmly on the fundus uteri to supply its place if inert and of a tired vagina, thus bringing the danger of asphyxia to a minimum. Braun is against the use of forceps on the head in a breech case. He says that if they cannot be delivered by the above method, instrumental interference would be too late, in most cases, to save the child, and if delay be due to an undilated os, or an abnormal rotation and locking of the chin on the pubis, it would be productive of danger to the mother. If a breech present in a primipara or a contracted pelvis, they bring down the foot, or both feet, if possible. Diagnosing the sex in breech cases they teach

that if you feel nothing it is a male; if two tumefactions feeling like two testicles, it is a female, because the labia became hard and swollen.

The forceps are not used so frequently as in Dublin. They wait for two hours after the os is fully dilated and the head arrested in its descent. By adhering to this rule much unnecessary suffering is caused. Two cranial positions only are recognized, the first is our first and third, the second is our second and fourth. Simpson's medium-sized forceps are the ones used. Forceps are rarely applied at the brim. Braun never applies them. In preference he turns or performs craniotomy. Should turning result unsuccessfully, craniotomy can be performed without scruple on a dead child—averting the horror of killing a strong fœtus. If the heart-sounds are irregular, or if meconium is discharged, the os being dilated, forceps are applied at once. To apply them, the patient is bolstered on rubber covered pillows across the bed. She lies on her back. The blades are introduced in the usual way, a towel placed between the handles to prevent undue compression of the head. Traction is made and then the head is pushed back again, the instruments re-applied, and again traction is made. After each traction an examination is made to watch the rotation. The operation which puzzles most students is that for rectifying an abnormal rotation with the forceps. The rule they observe is to introduce the blades, so that the handles will point to the thigh nearest the occiput. One thing is carefully attended to, and that is to rotate so that the rectum and bladder incur no danger of being lacerated by the points of the instruments. The centre of the blades should be the pivot on which rotation is made and not the points.

Before turning, the exact position of the child is ascertained. That hand is introduced which corresponds to the side opposite to the head. It is passed over the abdomen to the feet. If possible, and the pelvis is not contracted, the shoulder is shoved up, the head brought to the brim, kept there by a pillow, and the woman kept on the side opposite to that on which the head was. Turning is performed in those cases in which rapid delivery is necessary, as placenta prævia, eclampsia, rupture of the uterus; also in cases of moderate pelvic contraction and transverse presentations, and some cases of prolapsus funis. After the feet have been brought down traction is only made during the pains to prevent the arms slipping up over the head, abnormal rotation or constriction of the neck of the fœtus by an insufficiently dilated os. The fillet is always used. Turning is always performed with the patient in the dorsal position.

The perineum is supported in primiparæ, and for this purpose they are turned on the left side. The labia are gradually stripped back from the head, and often its progress is retarded by pressure during a pain to avoid rupture. If very tense and of a bluish color, episiotomy is performed; *i. e.*, an incision is made on either side to direct a tear from the rectum and relieve the tension. If a rupture occurs, "serrefines" are applied, and the legs bound together, thus avoiding much of the unpleasantness incident upon stitching.

The placenta is removed by Crede's method, and in normal cases, pressure on the fundus is kept up for about five minutes. If there is any tendency to flood from inertia the uterus is kept contracted by pressing and rubbing it with the hand until it can be brought under the influence of ergot. Full doses of ergot are given

in all cases. A tin, holding about a quart of lukewarm 2% solution of acid carbol, is hung on the wall at the head of the bed. From the bottom of the tin runs a tube, fitted at the end with a gutta-percha shoulder, into which a nozzle fits. The nozzle is bent at about an angle of 120° to better adapt itself to the upward and forward course of the vagina. The nozzle is filled with the fluid, introduced into the vagina, and then fitted into the shoulder of the tube. The stop-cock is turned and a steady stream flows without much force into the canal. This gives a great sense of comfort to the patient.

About an hour after delivery the mother and child are taken away on a litter to the convalescent wards, where, if all goes on well, they remain for nine days. If in good health, they are then transferred to the infants' home, where they nurse their own child and that of some mother whose case has not terminated so favorably. For two weeks they are bound to stay here, and if willing, can remain longer.

THE PHYSIOLOGY OF CLIMATE, SEASON AND ORDINARY WEATHER CHANGES.

Dr. Alex. Rattray, in the *Phil. Med. Times*, draws the following facts and inferences as resulting from change of climate, season, or ordinary weather fluctuations, when the thermometric rise is from 42° to 83° Fahr., or the reverse.

1. An increased spirometric capacity of the lungs to an average of $12\frac{1}{4}$ per cent., or 31 cubic inches, equivalent to a reduced vascularity by 17.88 fluid ounces.

2. A diminished respiratory func-

tion, as shown by a slower respiration to the extent of 8.9 per cent., which combined phenomena diminish the amount of air consumed daily by 36.85 cubic feet, or 18.43 per cent., of carbon excreted daily by the same percentage, or 1.843 ounces, and of watery vapor excreted by the same percentage, or 4 fluid ounces, nearly.

3. A diminished pulse by two and a half beats per minute, and perhaps a reduction in its force also.

4. An increased body-temperature by from 1° to 2° Fahr.

5. A diminished urinary secretion by 17½ per cent.

6. An increased perspiratory secretion to the extent of 22.38 per cent., and perhaps a correspondingly increased elimination of carbonic acid by the skin.

7. A diminished hepatic secretion to the extent of 0.15 per cent.

8. A diminished weight of the body in the majority, and a like impairment of the physique, often to the extent of 64 per cent. and average of five pounds.

9. Retarded growth in the majority of youths.

10. A correspondingly increased supply of blood or vascularity of certain of the involved organs, and a similarly diminished turgescence of others, according as their function is increased or diminished.

11. Phenomena of an exactly reverse kind, and to a like extent, on making an opposite change of temperature—namely, from heat to cold.

12. A corresponding fluctuation, both in vascularity and function of corresponding organs, after each successive change of temperature.

13. The occurrence of similar phenomena as a result of change of *season*, and also of the ordinary *weather* fluctuations prevalent everywhere.

14. The occurrence of like results,

and from a like cause, from change of *altitude*.

15. The dependence of one and all of these phenomena on a definite cause, which may be termed the *climatic law* of the circulation, by which internal organs are congested at the expense of external ones under the influence of cold, and external ones congested at the expense of internal ones under heat.

16. The greater extent of these phenomena in adults and persons of large frame, and that for an obvious reason, the greater bulk of the blood.

17. The existence of a certain range in this redistribution of the blood and the resulting functional and morphological changes, which varies according to size, age, sex and individual peculiarities, and beyond which they become pathological.

18. This physiological rise and fall, especially when great, as during zonal migrations, tend to increase both the ordinary and the vicarious action of the different involved organs.

19. The climatic law and its results affect the white and the black race, and therefore, presumably, every other race and variety of mankind, though each, doubtless, had its physiological differences.

20. They likewise manifest themselves in all latitudes and climates, in every change of season, and even during local variations in the weather.

21. In all cases, whether from climate, season, or weather changes, the primary and essential cause of these physiological phenomena is *change of temperature*.

22. As the aërial temperature is everywhere and at all times varying, so these physiological phenomena are not only of universal occurrence, but also in more or less constant progress in every individual over the entire face of the globe.

23. Temperature being their excit-

ing cause, they necessarily vary with this in extent, and therefore may alter as greatly and much more speedily within the twenty-four hours of the day than they do during a more slowly accomplished change of season or zone.

24. Their ultimate object in health is hygienic.

25. Seeing that they are as evident in morbid as in healthy states of the frame, they may thus act, according to circumstances, as therapeutic agents, or the reverse.

ACTION OF CANTHARIDIN.—At a recent meeting of the Société des Hôpitaux *La France Med.*, 1881, p. 223) Dr. Cornil read a paper on this subject, in which he said that when a rabbit is given Cantharidin, either by the digestive tube or by absorption through the skin as by means of a blister, symptoms of poisoning are observed in the form of cystitis, nephritis, and inflammatory lesions of the liver and lung. Twenty minutes after the ingestion of the Cantharidin the following lesions are found in the cavity of a glomerulus of the kidney; a large number of white blood-globules between the envelope of Müller's capsule and the vascular tuft composing the glomerule of Malpighi, together with a granular exudation filling and obliterating the calibre of the tubuli uriniferi. At the end of an hour these lesions are characterized by the proliferation of cellules, which, though they may at first have been round, are later irregularly multangular by mutual pressure. There is therefore true catarrh of the uriniferous tubules. In the bladder similar changes take place, but the lesions are superficial; it can be seen that the irritant principle contained in

the urine acts directly upon the surface of the mucous membrane. A blister allowed to remain a long time in contact with the skin may produce the same effects, and Cornil is inclined to believe that the large blisters which are sometimes placed upon the chest, and are permitted to remain from twelve to twenty hours, do more harm than good. A blister should not remain on the skin more than three or four hours.

INJURIOUS EFFECTS FROM TEA-DRINKING.—At the last meeting of the British Medical Association, Dr. Wolf, of Glasgow, described a peculiar disease of the eye in which there is softening of some of its internal structures which become filled with floating dark particles, the presence of which occasion the appearance of spots before the eyes. He had found the disease very common, especially among the mining population, washwomen, and many persons belonging to the upper classes. He has observed it particularly among Austrians. He could discover no legitimate cause for the disease in the eye itself, and stated that "it was only on directing his inquiries to their diet, and finding that they all agreed in consuming large quantities of tea, that he came to suspect its agency. A comparison of the numerous cases of opacity of the vitreous humor occurring among tea-drinking populations, with its less frequency in France and Germany, and its rarity among the Turks, tended to confirm his suspicion." He attributed the affection to the tannic acid. This precipitated albuminoids from their solutions; hence it probably acted injuriously by precipitating some of the most important constituents of the food, and also by affecting the mucous mem-

brane of the stomach and alimentary canal, and thus preventing digestion and assimilation. Some observations had been made as to the effect of tea-drinking on healing wounds and ulcers by a Glasgow surgeon, who had noticed that, in persons addicted to this habit, they took on a sort of scorbutic character. Physicians also ascribed numerous cases of rebellious dyspepsia to the use of tea. Dr. Peele, of Sidney, Australia, said that dyspepsia, from this habit, was very common there. Dr. Fothergill expresses the opinion that the great increase in nervousness observable among English women, is very largely due to the use of tea.—*Good Health.*

GYMNASTICS AS A CURE OF DISEASE.—Dr. Felix L. Oswald, in *Popular Science Monthly* for May, says: Physical vigor is the basis of all moral and bodily welfare, and a chief condition of permanent health. Like manly strength and female purity, gymnastics and temperance should go hand in hand. An effeminate man is half sick; without the stimulus of physical exercise, the complex organism of the human body is liable to disorders which abstinence and chastity can only partly counteract. By increasing the action of the circulatory system, athletic sports promote the elimination of effete matter and quicken all the vital processes till languor and dyspepsia disappear like rust from a busy plowshare. "When I reflect on the immunity of hard-working people from the effects of wrong and overfeeding," says Dr. Boerhaave, "I cannot help thinking that most of our fashionable diseases might be cured *mechanically instead of chemically*, by climbing a bitterwood-tree or chopping it down, if you like, rather than swallow a decoction of its disgusting leaves." The medical philos-

opher, Asclepiades, Pliny tells us, had found that health could be preserved, and if lost, restored, by physical exercise alone, and not only discarded the use of internal remedies, but made a public declaration that he would forfeit all claim to the title of a physician if he should ever fall sick or die but by violence or extreme old age. Asclepiades kept his word, for he lived upward of a century, and died from the effects of an accident. He used to prescribe a course of gymnastics for every form of bodily ailment, and the same physic might be successfully applied, to certain moral disorders—incontinence, for instance, and the incipient stages of the alcohol habit. It would be a remedy *ad principium*, curing the symptoms by removing the cause, for some of the besetting vices of youth can with certainty be ascribed to an excess of that potential energy which finds no outlet in the functions of our sedentary mode of life. In large cities parents owe their children a provision for a frequent opportunity of active exercise, as they owe them an antiseptic diet in a malarious climate.

THE CAUSES OF PRURITUS VULVÆ.—In a clinical lecture on this subject (*British Medical Journal*, vol. i., 1881, p. 327) Dr. Wiltshire mentions the animal and vegetable parasites as frequent local causes of this condition. Ascarides, pediculi, and acari are among the former, and certain low forms of vegetable life, as thrush fungus (*oidium albicans*), among the latter. Among other local causes we have—1, diseases of the vulva (as vulvitis, abscess, carcinoma, oozing tumor, lupus, elephantiasis, etc.); 2, diseases of the urinary system (urethra, bladder and kidneys); 3, vaginitis (gonorrhœal and other); 4, diseases of the uterus (metritis, endometritis, senile catarrh, cancer, fibroids, polypi,

acid discharges arising from the foregoing or occurring mainly in association with menstruation); 5, skin affections (eczema, ecthyma, herpes, urticaria, acne, etc.). As regards the latter, eczema may be associated with diabetes, producing terrible suffering, while urticaria suggests ovarian disease. Ecthymatous spots with ashen-gray bases may indicate grave cachexy (syphilitic?), while the herpetic vesicles are prone to crop out periodically in females of gouty parentage just before each menstrual period. A pustular form of acne is sometimes accompanied by troublesome itching. Venereal warts may excite itching.

Malignant disease of the uterus and upper part of the vagina may provoke itching in two ways: first, by acid discharges; and secondly, reflexly—the latter uncommonly. The same may be said of fibroids, polypi, sarcomata, etc. Dr. Wiltshire has known pruritus to exist for a long time, apparently as a consequence of pelvic effusions, *e. g.*, hæmatocele, cellulitis, partly, perhaps, from venous obstruction, and partly from implication of nervous structures. Some discharges from the womb are virulently acrid, and excite excoriation of the parts over which they flow. These are revealed by the speculum. Urethral and vesical affections—*e. g.*, vascular growths, stone, incontinence, etc.—are sometimes complicated by vulvar itching. Careful local investigation is therefore necessary; for, even when some general condition, as diabetes, is present, the local condition may give valuable information.

Among general causes we find diabetes, pregnancy, gout (or lithiasis), syphilis, and pruritus senilis. Diabetes is not an uncommon cause, and vulvar pruritus may be one of the first symptoms which lead to its detection. Pregnant women are liable to a severe form of pruritus vulvæ, accompanied

usually by an abundant creamy discharge. Sometimes aphthæ or erosions are seen upon the turgid labia or cervix, or there may be vaginitis granulosa. Most of the cases which Dr. Wiltshire has seen have been accompanied by extreme venous turgescence. Gouty pruritus is apt to be brought on by indulgence at the table or any diet which increases the deposit of lithates in the urine. Chancre and venereal warts may provoke irritation. Pruritus senilis is often associated with general cutaneous hyperæsthesia. Klob says there are little elevations of the skin, like goose-flesh, consisting of growths analogous to tubercular formations, and giving rise to violent itching. These cases are grave.

All forms of pruritus vulvæ are subject to periodical exacerbation. Some patients suffer only at night, after becoming warm in bed, experiencing comparative freedom during the day. All who menstruate are conscious of aggravation at that time. Stimulants, as a rule, exert an injurious effect. Sedentary occupations, piles, and hepatic disorders aggravate pruritus.

WHEN DOES THE DANGER OF INFECTION IN SCARLATINA CEASE?—

Mr. John Simon (*Lancet*, vol. i., 1881, p. 146) says, "It is believed that the dispersion of contagious dust from the patient's skin is impeded by keeping his entire body (including limbs and head and face) constantly anointed with oil or other grease, and some practitioners also believe this treatment to be of advantage to the patient himself. When the patient's convalescence is complete, the final disinfection of his surface should be effected by warm baths (with abundant soap) taken on three or four successive days, till no trace of roughness of the skin remains. Not until

this has been done, nor without the greatest care that the clothes are clean and free from infection, should the patient, however slight may have been the attack, be allowed to associate with persons susceptible of scarlatina."

THE AMERICAN INSTITUTE OF HOMŒOPATHY. — The thirty-fourth session of this great national medical organization will be held at Brighton Beach, near the City of New York, June 14th to 18th, inclusive.

Of the attractions of this now popular sea-side resort it would be superfluous to speak. It is only necessary to say that by the efforts of President Dowling and Treasurer Kellogg, arrangements have been made with James Breslin, Esq., proprietor of Hotel Brighton, to entertain the members of the Institute and their friends, who may attend the meeting, in princely style and at reduced rates. The hotel is said to be one of the grandest in the world. To the pleasure-seeker and sight-seer alone, the beauties of Brighton Beach will well repay the tourist a trip across the continent, not to mention the attractions of New-York City—its Parks, Egyptian Obelisk, Hell-Gate Channel, Elevated Railroads, Brooklyn Bridge, etc.

From present indications the approaching meeting will be one of the largest and most important ever held by the Institute. We are promised full and carefully prepared papers and reports from the various bureaus and committees; while the new feature of sectional meetings, will afford opportunity for a full discussion of the subjects presented. Those discussions will be reported *verbatim* by expert short-hand writers, and will appear in full in the transactions as an appendix to the papers of each bureau—

thus adding largely to the practical value of the work.

Since the last meeting of the Institute (June 1880), the Committee of Publication has printed (including two vols. of 1876), over *three thousand and five hundred* octavo pages, or *four* volumes averaging about *eight hundred and seventy-five pages each*; the matter methodically arranged, neatly printed, carefully indexed, three volumes substantially bound in cloth and delivered to members, *not in arrears* to the Treasurer, without individual expense.

The Institute has a record of which not only its members but the whole profession may well be proud. Its membership is composed of many of the most influential and progressive physicians of our school; while its papers and discussions compare favorably with those of any other medical society in the world.

It must be apparent to any one conversant with the history of homœopathy in this country, that the concentration of medical thought and the scientific investigation of therapeutic agents, as expressed by the Institute, are such as to exercise an influence that it would be impossible to exert without associated action.

In conclusion we most earnestly appeal to every eligible homœopathic physician in the United States to join in earnest practical work in the interests of medical science, by becoming a member of the Institute at its approaching session. While it is desirable, it is not obligatory upon you to attend the meetings; and should, either circumstances or choice, prevent you from mingling with our deliberations in person, you may still become a member of the Institute, and in return receive the transactions which will yield you *two-fold* the value of your pecuniary investment.

J. C. BURGHES, M.D.,

General Secretary.

ITEMS.

Cases of tetanus and trismus are said to have been successfully treated by Dr. Sparer, who merely applied to the nape of the neck and along the spine of the patient large pieces of flannel dipped in hot water of a temperature just bearable to the hand.—*N. Y. Times*, May 1, 1881.

A NEW INSTRUMENT for the application of cotton to the larynx, os uteri, etc., has been devised, consisting of a stout probe nine inches long, terminating at one end in two sharp, spirally-twisted prongs. The cotton is twisted into these, and if to be left in the cavity can be detached by a reverse movement.

ANOTHER VICTIM TO TOBACCO.—A medical exchange states that Melohiah, a Choctaw princess, died at Hoyt City, in the Indian Territory, the other day, at the great age of one hundred and fourteen years. She had thirteen great-grandchildren. She had been addicted to the inordinate use of tobacco for one hundred and five years.

We are in receipt of the annual statement of the Homœopathic Dispensary No. 257 E. 4th St., N. Y. of which Dr. Ermentraut is the eminent adviser. Through his continuous and praiseworthy efforts wide spread benefit has accrued to the numerous poor of that neighborhood, and the dispensary is in a remarkably prosperous condition.

The following letter is only an additional evidence of the remarkable popularity of Maltine:

EDDE CROSS HOUSE, ROSS.—I am very pleased to bear testimony to the great value of Reed & Carnick's Maltine. I prescribe it extensively, and with the best results, specially in an-

æmic conditions of the system, with much stomach irritability, which it seems to allay very speedily.

J. W. NORMAN, M.B., F.R.C.S.

March 8.

A scientist, in the *Magazine of Pharmacy*, asserts that the usual physico-chemical methods for determining the potable nature of water have proved themselves to be quite insufficient, and he says that "recourse must be had to the microscope and to the culture-glasses used by the physiologists in their inoculation experiments before any really sound and valuable knowledge can be gained by the examination of waters," as to their purity or impurity.

In a brief review of a paper on the saniology of odors, delivered in this city a short time ago, by Dr. John S. Linsley, the *Scientific American* wisely remarks that, in view of the uncertainties touching the occurrence and action of ozone in the air, it may be prudent to wait a while before admitting ozone to be quite so powerful a factor of individual or national genius, health or social development as Dr. Linsley and others would have us to believe.—*N. Y. Times*.

LACTOPEPTINE.—This very valuable compound, of pepsin, pancreatine, ptyalin lactic acid, hydrochloric acid, and sugar of milk, is sold under the above name. Samples of this preparation have been very widely distributed amongst physicians throughout the country, and we doubt not their experience of its use has been, like our own, uniformly favorable. We can most confidently recommend it in all forms of atonic dyspepsia.—*Canadian Journal of Medical Science*, June.

SMALL-POX.—The Madrid Society discussed the question, whether vaccination should, or should not, be compulsory? As the law in Spain compels vaccination, the evil result is given in the great mortality attending the disease.

In 1872 - 1292 cases; - deaths, 14 per cent.

| | | | | | |
|-------------|---|---|---|----|---|
| 1873 - 4127 | " | - | " | 18 | " |
| 1874 - 5182 | " | - | " | 19 | " |
| 1875 - 5024 | " | - | " | 20 | " |
| 1876 - 3897 | " | - | " | 24 | " |

Average deaths, 20 1-2

—*Revista*, Madrid, No. 120.

HORSFORD'S ACID PHOSPHATE.—I recommend Horsford's Acid Phosphate quite freely in my practice as a restorative in all cases where the nervous system has been reduced below the normal standard by overwork as found in brain workers and professional men, teachers, students etc., In the cases of debility from seminal loss. In dyspepsia of nervous origin, insomnia where the nervous system suffers much in consequence. I think it a grand restorer of brain force or nervous energy and a boon to many who fail through improper selection, to get a sufficient amount of phosphoric acid in their food.

CHARLES T. MITCHEL, M.D.,

CANANDAIGUA N. Y.

Jan. 12, 1881.

ELECTRO-MASSAGE. — We have received for review a recent invention by Dr. John Butler, of this city, for the simultaneous application of electricity and massage, consisting of a small portable machine which generates and applies the current, while at the same time the parts treated are subjected to a thorough kneading or massage.

The current, in all respects similar to that produced by the ordinary port-

able faradic batteries, is generated without the use of fluid, from a permanent magnet, by a revolving electro-magnet. This latter is connected by gear with the metallic cylinder, which is rolled along the parts operated upon, with pressure sufficient for proper massage.

The machine furnishes an ingenious mode of converting manual power into electricity and thus doing away with the nuisance of a frequently-failing fluid.

The machine is also much smaller and lighter than the ordinary batteries, and always ready for use.

The present importance of both massage and electricity in the treatment of nervous exhaustion, so prevalent among American women, as well as many other forms of nervous disorders, has rendered it quite a necessity that the profession should have some less expensive and more generally applicable means of using these invaluable agents than the trained masseur or the professional electrician; for, it goes without saying that to leave these things to be done by lay hands is, except in rare cases, to leave them practically undone.

The machine before us aims, and in our opinion fully justifies the claim, to supply a means of applying both electricity and massage, which, with a few simple directions from the physician as to the particular case, any ordinary layman can effectually use. Owing to the construction of the instrument a complete and easily regulated control over the force of the current is in the possession of the operator, allowing of an intensity so small as to be barely perceptible, or of any strength up to one sufficient for physiological experimentation.

For a fuller idea of the plan of the machine, we may refer to the wood cut in our advertising columns.

THE
AMERICAN
HOMŒOPATH,

A MONTHLY JOURNAL OF MEDICAL, SURGICAL
AND SANITARY SCIENCE.

Vol. VII.—JULY, 1881.—No. 7.

102 BUS BRIGHTII.

BY

G. N. BRIGHAM, M. D.

Grand Rapids, Mich.

This disease seems to be of alarming frequency of late. Especially among our prominent men. So much so that some inquiries into causes should command the attention, as it would seem, of the Medical profession. Whether we are to regard the lesion primarily one of the kidneys, the digestive organs, the circulatory system or the nerve centers may have a bearing upon the treatment of much import. The histological studies of exudative nephritis pretty conclusively prove that the albuminous product is liberated from the vascular vessels whenever there is any considerable increase of pressure upon the renal veins. Inflammation of the kidneys gives such pressure in the most direct way, and is supposed to be the most common cause. Impediments to the circulation from heart lesions and from thrombus are very

common causes. And sometimes diseases of the respiratory organs by producing engorgement of all the veins, the renal included, is followed by this extravasation. The frequency of albumen in the urine in connection with the progress of scarlatina and diphtheria is also now well understood. So that by lowering the vital condition of the blood, we may conclude that a predisposition to albuminous exudations will follow. This may come of fibrin being set free in the blood-vessels or heart, acting as a cause of obstruction and pressure upon the renal veins, directly, or indirectly, or from the congestions which are likely to follow a deteriorated condition of the blood. Faulty nutrition gives us deteriorated blood; bad air, poisonous exhalations, alcoholism, &c., &c.

I am inclined to think that alcoholism and thrombus are the most frequent causes of exudative nephritis as met with at this time. The effect of alcohol is to degrade albumen and impair digestion. It is carried in the

vessels as pure alcohol, and is an irritant. The liver undergoes structural changes in its glandular arrangement, and why may we not look for the glands of the kidneys which are so regularly carrying out of the system this irritant, to become inflamed. Certain we are that we meet the disease known as the albuminuria very frequently where alcoholic stimulants are pretty freely used. It is clear to see that very free living also would load the system with material which must be carried from the system as excreta. All overwork of these emunctories tends to congestion and a disability sooner or later, and nephritis might be the termination. Excessive brain-work sends to the kidneys an extra amount of uric acid; this may become an irritant; and if such brain-work be whipped up by the use of alcoholics, all the more danger to the kidneys. In discussing embolism as a cause, we are to remember that the prevailing type of diseases at the present time are such as tend to set fibrinoid and albuminoid products free. Diphtheria has been very prevalent now for some years, and in many localities leads the list of fatal cases. In nearly all cases attended with any severity, the common tests show the urine to be loaded with albumen. Probably in every genuine case traces of albumen exist. Scarletina, another prevalent disease, has the same renal divergencies. The poison of diphtheria, whatever it may be, probably affects a large per cent. of our people. Embolism is a very common result of the blood-degradation which comes of this diphtheritic poison. Another course of embolism is rheumatism, especially rheumatism of the heart. And the frequency of heart complications with *Morbus Brightii* suggest rheumatism as a probable cause of some of our cases. Indeed the atheromatous condition of the

large blood-vessels in the immediate vicinity of the heart and the valves has been associated prominently with the disease. This probably is but the result of albuminous exudation passing to the cretaceous stage of transformation as in tubercle of the lung. Whether primary or secondary in our albuminous cases may require much investigation to determine.

Paralysis is now well known to be caused by embolism; and diphtheria has a large per cent. set to its account. Should the tendencies to fibrin clots be found a frequent cause of our present cases of desquamative nephritis, and the diphtheritic dyscrasia behind it, we would naturally look to such remedies as *Apium virus*, *Lachesis*, and *Lycopodium* to be among our leading agents in treating with success the disease. Such proves to be the case. Ranking with these, we add the mercurials perhaps. In acute nephritis, I have found *Apium* to rank first and *Lachesis* or *Mercurius* second—perhaps *Mercurius* has more often been used successfully. I have used the virus of the bee in the lower dilutions and the *Lachesis* and *Mercurius corrosivus* in the 200 dilution. *Lycopodium* in the 200 or above. In the treatment of diphtheria, I as often treat throat affections with constitutional symptoms with *Lycopodium* as any other agent, especially when exudation begins on the right side. But I have not seen as good effects thus far in renal troubles of this character, as with either of the other remedies; although in rheumatoid affections of the kidneys and in catarrhal also, I regard it even before either of the drugs mentioned.

Phosphorus has some power to correct the tendencies of albumen toward a fatty degeneration and has been found to be of service in this renal divergence of albumen. More especially should we expect to see those

benefited who were suffering also from brain-fag. When dropsical accumulations are considerable in quantity and burden by pressure, Opium may be supported perhaps by Arsenicum. Its action on the absorbents is known to be very decided, and albuminous transformations are retarded also by its use. We do not advise to any of the above remedies, however, unless they meet the homœopathic law of correspondence, we would prescribe them by the law of cure; but with us, they have more often met the law when we have had the disease to treat. We have a half-dozen cases cured by Apium virus, followed with Mercurius cor. Some of them extreme cases, and considered hopeless when treatment was commenced. I can hardly report these cases in detail without extending this article beyond desired length. But will say that one case was so bad that most of the renal products would coagulate under Trommer's test, had had paracentesis thrice performed, and was then abandoned to die, the physician regarding death sure to follow in ten days. Patient was completely anasarca and too weak to lift the weight of an arm. I began with Apium, supported by Arsenicum. Dropsical accumulations did not advance. In two weeks perceptible improvement. At the end of six weeks, nearly free from dropsical accumulations. Then gave Merc. cor. 200 at night for a time; subsequently two doses in a week. Kept patient upon a milk diet. Recovery complete in twelve months. Other cases have been cured in as many weeks.

We have seen indications for Aconite in the commencement of a few cases, more particularly those of a catarrhal nature. These cases are not really grave if not neglected. Aconite has very considerable effect upon the circulation though, and may

be studied in such cases as seem to depend upon arterial obstructions, hardly applying to embolism, however. To conclude, we invite the trial of Apium, Lachesis, Lycopodium, and Mercurius corrosivus.

STAPHYSAGRIA IN CONSTIPATION,

BY

F. G. OEHME, M. D.,

Tompkinsville, Staten Island, N. Y.

It is a well-known fact, that constipation is something quite difficult to remove, and that it requires occasionally great patience and study. Among the remedies for this disease Staphysagria has received much less notice, than it deserves. Neither of our two compilatory works (Rueckert's *Klin. Erfahrungen* and Raue's *Record*), have found any experiences in our literature; nor do any of our therapeutics mention the remedy. Only Jahr in his *Clinical Guide*, enumerates it among the remedies for constipation, but without indications. In his *Codex of Symptoms* we find the following symptoms regarding this disorder.

Constipation;—retarded stool, on account of lack of peristaltic action; *costiveness*, for several days (in the commencement); *stools hard, not daily*, also in small lumps and delayed; *scant, hard, with pain in the anus*, burning, cutting, or as if the anus would burst, and with frequent urging, or with pressing pain and with thin-formed feces. *Difficult stool with great distress as if the rectum or anus were constricted*, first with hard, then with soft feces, or with only soft stool.

From the number and character of these symptoms one might expect a

more frequent use of the remedy in this disease, and it probably would have been administered oftener, if we would use repertories more frequently and therapeutics less. It is much easier and requires less time to consult a chapter on therapeutics than to search in a repertory.

We will now report two cases, where we used it with immediate effect.

A little girl of about $2\frac{1}{2}$ years, blonde, with red tinged hair, had been costive for some time. She would want to sit on the stool, but accomplish nothing. She acted as if she would like to have a discharge, but she could not evacuate. The stool was very hard and in lumps. No information could be obtained from the child by the simplest and plainest questions. Bryon., Sulph., Op., Nux vom., were of not the slightest benefit. Staph. tinct. 2 drops in water night and morning had an immediate and lasting effect.

A lady for more than a week after her confinement, had had no movement from the bowels without injections of water. Fæces normal, but no desire for stool; discharge without pain; appetite good; no other complaints. Staph. tinct. 2 drops in water night and morning produced normal action within a few hours and without injections. Continued normal.

If Staph. should prove beneficial with lying-in and nursing women in the majority of cases, it would be a great gain, as with these, inactivity of the bowels is often uncommonly obstinate.

metz has recently experimented with Resorcine, a crystalized body, white, odorless, soluble in all proportions. It prevents fermentation in all albuminous substances—milk, urine, etc. The Germans have used it chiefly for wound-dressings, its action being similar to that of Carbolic and Salicylic acid. It is poisonous in large doses. The remedy, in fact, is a substitute for Carbolic acid, having all of its properties without the disagreeable odor.

THE AMERICAN INSTITUTE AND ITS GUESTS.

BY

A LOOKER ON.

So many of your two thousand readers are there who very seldom if ever see the Institute in session, that a few pen pictures of its members and doings may prove indigestible literature.

First in importance and prominence is noticed the eminent professor, physician, president whose not least descriptive title is that of gentleman. Dr. Dowling, elegant in bearing, courteous in demeanor, broad in views, whole-souled in every act, was a most fitting head to the important body over which he presided, and any pleasurable reminiscences which the meeting may inspire will most certainly be credited to his genius and untiring effort.

The president elect Dr. W. L. Breyfogle of Louisville possesses a style of countenance which does not invite familiarity, but which indicates honor and ability. He is a good speaker, right to the point without verbosity. If his actions did not indicate a self knowledge of his importance he would please more of his associates of his

RESORCINE A DERIVATIVE OF ASSAFŒTIDA.—Dr. Dujardin Beau-

own sex; his handsome face will carry him to success with the ladies.

Dr. Burgher the secretary seems to be in a cloud, he does not impress the ordinary observer as a competent official appears to be ignorant on subjects in reference to which he is addressed and should be familiar with, but probably possesses some unseen qualities, for he was re-instated. Of the young men, those who most impressed your correspondent were Drs. B. W. James of Philadelphia who has his future in his own control, Dr. F. P. Lewis of Buffalo, another exemplification of the fact that no dress of modesty can obscure a brilliant intellect. Dr. Vilas of Chicago, broad shouldered, tall, and good looking.

Dr. Cook of Chicago was a candidate for the presidency, he should be a specialist, he makes so thorough a study and is so much in the company of the ladies, his inconstancy however induced some one to alter his initials causing them to read N. Fickelo, &c., Dr. Biggar of Cleveland, the scion of nobility, was another candidate thoroughly against his will however, and the Institute could have done itself no higher honor, than by making him their chief officer. He is scholarly, refined, able and through all runs a vein of humor. His only misfortune, if it can be so called, is his modesty. Writing of modesty recalls another gentleman of whom far too little is seen Dr. Minton of Brooklyn, known to, if not by, all the world for his eminent and successful conduct of our most important medical journal, that on "Obstetrics."

Of those who talked the most Dr. Beckwith of Cincinnati made the greatest noise and was generally nearest the point when engaged in debate. If there were others who understood parliamentary usage, he at least was the only one to give evidence thereof. Dr. Talbot the Bostonian, was grace-

ful, flowery, and very much at home in the discharge of his official duties. Dr. Morse, of Memphis, may be credited with the convincing argument which sends the next convention to Richmond, Va., and for that good act may be excused the frequency with which he obtained the floor at other times. Dr. Smith, of Chicago, to write in the same strain in which he spoke, did not get mad, nor red in the face, did not say anything he ought not to have said, and did not rush out of the room in hot haste.

Among the editors present were Dr. Valentine, of St. Louis, with curly, black hair, ditto whiskers. If he can talk as well as he writes, something should have been heard of him. Dr. Farrington, of Philadelphia, a grand specimen of a man and a physician, who secures the respect of every one within whose range he comes, the millionaire editor of the *Homœopath*; but every one knows him.

Dr. McManus, of Baltimore, the censor, should be censured. Two hours consumed in the reading of new names and their endorsers was distressing beyond all endurance. Among the prominent new members are Phillips of Boston, Birdsall of Brooklyn, Pardee of New York, South of Plainfield, N. J., Nott of New York, Douglas, Webster, Wyman, Sturtevant, Packard, Allen, Parkhurst—in all over one hundred new names.

Dr. T. L. Brown, of Binghamton, deserves mention for his constant and successful efforts to promote the prosperity of the Institute. Dr. Cowperthwaite, of Iowa City, whose long name and important titles would herald pomposity, is unassuming and and plain in appearance. Dr. Dake, of Nashville, displayed some \$6,000 worth of diamonds on his shirt front. He is on his way to Europe, as is also Dr. Eaton, of Cincinnati, a very pleasant spoken man. Dr. Mitchell, of Chi-

cago--extremely swell in everything except moustache and intelligence. Dr. McClelland, of Pittsburgh--another brilliant from the dusky city.

Young Dr. Guernsey, of Philadelphia, is the worthy possessor of that most honorable name. He is of an extremely nervous temperament, but moderate and self-possessed in speech. He said *he* was elected to the assistant secretaryship without any *wire pulling*, was any inference to be drawn from this remark relating to his associate officers? Dr. Korndoerfer, of the same city, is a finished picture of an oily Methodist Minister. Dr. Helmuth, of New York, was particularly happy in his after dinner effort, as he always is. Dr. Kellogg, the treasurer, was as grim and fallacious as ever. A few most noticeable for their quiet dignity, but honoring the Institute by their presence, included Dr. Foster, the eminent obstetrician, of Chicago; Dr. Peck, compensating in good ideas and nature what he lacked in looks; Dr. Higbee, of St. Paul; Dr. Fiske, of Brooklyn, N. Y.; Dr. Piersons, of New York; and Dr. Robinson, of West New Brighton, whose financial wealth is only surpassed by a wealth of knowledge.

One of the curiosities of the Institute was Dr. Detwiller, the oldest member, now in his eighty-sixth year. Conclusion should not be reached without mention of another gentleman of the same state, Dr. A. R. Thomas, a possessor of every quality which makes admirable the gentleman and the physician. There are many others who deserve and are worthy of our appreciation, but space forbids.

A word in reference to the entertainments which were offered the members of the Institute. The river excursion given by Dr. Dowling was a flattering success and appreciated by

all. It was announced in the circular that Mr. Breslin, proprietor of the Brighton, would *give* the members a banquet; this gentleman's idea of *give* is to charge each person \$1.25 for a very ordinary dinner, the regular price of which being \$1. The banquet at Delmonico's would have fared better had more time been allowed for its preparation. The singing of the Homœopathic Quartette, consisting of Drs. A. T. Hills and L. L. Danforth and their wives was an agreeable feature.

"COLDS," AND HOW TO PREVENT THEM.

BY

T. C. HUNTER, M.D.,

Wabash, Ind.

The paper with the above title in the last number of the AMERICAN HOMŒOPATH, by H. W. Taylor, M.D., ex-president of the Indiana Institute of Homœopathy, contains some rather startling propositions.

The learned doctor, at the outset, seems to attribute the cause of "colds" to late suppers, and then apparently abandons that idea, and changes it to eating animal food. He then proceeds to give some statistics of a number of families who took cold a certain number of times within a certain period of time. Unfortunately, these statistics are not comparative. He does not state how many times certain persons took cold while using in part an animal diet, and how many times they took cold while using an exclusive vegetable diet. Such observations would have been valuable.

Again, he says nothing about the temperament, age, or "previous condition of servitude" of those upon

whom these observations were made, all of which would, I think, have added value to these statistics.

Let us look at the learned gentleman himself. We see before us a somewhat portly gentleman, on the sunny side of forty, with light hair, laughing blue eyes, fair complexion, with cheeks and lips like roses. He is, indeed, what the girls delight in calling a "pretty man." He is, therefore, a fair sample of Grauvogl's hydrogenoid temperament, and is a living representation of Calc. carb., so much so that I confidently recommend him to take that remedy, not lower than the 30th dil., for his numerous colds. His constitutional tendencies are towards diseases of the mucous surfaces. We would like to know how many of those persons he includes in his statistics are of a like temperament. We would like to know what would be the effect of an exclusively vegetable diet, and of a mixed one, upon persons of the opposite temperament, such as Grauvogl's carbo-nitrogenoid temperament, those who are spare in flesh, usually tall and have dark hair and complexion, who perspire very little, and who are of the wiry, nervous kind who have no time to rest.

Our learned friend is not one of the "fretters," but "takes mine ease in mine inn." About the only thing that disturbs the doctor's equanimity is the fact that there are a number of medical men and women in the world who are striving to follow after the footsteps of Father Hahnemann in the use of the 30th dilution, and even higher, when the doctor has so successfully demonstrated, to his own satisfaction, that there is nothing in them. Would it not have a good effect if Dr. Taylor would let old Father H. and his misguided followers have a rest of say three months, during which time he might devote

his surplus energies to the study of that somewhat unknown work, Hahnemann's Organon. By that time he would be able to see more clearly how foolish the old man was, and be better able to expose his fallacies.

But, to return to our subject, we are told by a medical gentleman of this place that he is hardly a subject for colds, as he does not have them more than once or twice a year, and then they last but a few hours. He is a very good specimen of the carbo-nitrogenoid temperament, and tells me that he uses a considerable amount of animal food, which suggests the idea that it would be well to observe the effects of different kinds of food upon persons of different temperaments before accepting any new theories on the subject.

The doctor says: "But there is one conclusion that is forced upon me, with a startling force, amounting to the irresistible, viz.: that *animal food is not assimilable in the human organism in any degree whatever.*" (The italics are his.) It startled me when I read that. I began to wish I had the money I had spent for meat, milk, butter, cheese, etc., and began to imagine myself the proprietor of large business blocks, in crowded thoroughfares, which I might have owned if I had not foolishly wasted my means on animal food.

It makes me sad when I think how the world is going astray after the cattle upon a thousand hills, to say nothing of the swine and other animals used for food. And then to think that we must give up our Thanksgiving and Christmas turkeys, chickens, canvas-back ducks, etc., and also the oysters and mince pies which are such delightful accompaniments on these joyful occasions. Even the Yankee will have to give up his favorite Sunday dish of baked beans and pork. We will also be compelled

to eat our bread without butter and drink our coffee without cream.

If the doctor's theory be true, cattle, hogs and other animals used for food, as well as poultry, will vanish from the earth, as mankind will have but little use for them. It will also seriously affect the leather trade; and then there will be no fun in going fishing, as no one will want the fish. Indeed, the whole business of the world will have to be revolutionized. But is it true? The learned doctor says: "Prove all things." Now, it is not logical to ask us to "prove that this theory is *not* true, and he does not offer a single argument to prove that it *is* true. He evidently suspects that the "fossil physiologists of the present day" will not accept his theory. We, therefore, expect that there is forthcoming from the pen of the learned doctor a portly volume, in which he will bury the aforesaid fossils under an avalanche of arguments so hefty that they will be heard of more. Pending the issue of the aforesaid ponderous volume, we would ask the learned gentleman to rise and explain some facts. I have a granddaughter who has reached the mature age of nine months, and who weighs twenty-two pounds, who never, to my almost certain knowledge, has eaten anything but animal food.

Now, if the human organism cannot assimilate such food, why has she not starved to death? Instead of showing signs of inanition, she is really the picture of healthy, happy babyhood. Now, why is this thus? And again, the inhabitants of the frozen regions of the North are said to live upon the products of the sea and the chase. As they cannot possibly assimilate animal food, we would inquire where they obtain their supply of vegetables, for of course, they must have them or starve. If Dr. Taylor will kindly explain these things, it will relieve a

great many "fossil physiologists of a burden that is grievous to be borne.

A SEVERE CASE OF SALT RHEUM.

BY

C. H. VIEHE, M. D.

Henderson, Ky.

[For the Indiana Institute of Homœopathy.]

I. INTRODUCTORY REMARKS.

In reporting a clinical case (to the Institute) it may be natural to expect some peculiar mode of treatment exercised upon, or some peculiar or new and extrardinarily important and specifically acting remedy in treating such case.

My purpose in reporting at present, however, is not this, but rather to *show* the *extremely bad* and *hopeless condition* of the case that I shall have the honor to bring before this body of homœopathic physicians, and the most satisfactory issue brought on by a few very common and every day used remedies. And I may have some hopes of beneficially occupying the time of reading this paper.

Should the Honorable Institute consider it proper to dwell upon a few questions connected with this case, it will be the more satisfactory to the author.

2. HISTORY AND CONDITION OF THE CASE.

On May 21st, 1879, a man of about 40 years of age presented himself to me for treatment; he was a German, separated from his wife, and staying with his brother-in-law, he himself being poor.

When he entered my office I experienced such an offensive putrefac-

tive and disgusting smell, that it required a very good stomach, nose and pneumogastric apparatus of nerves not to be brought out of condition. He told me that he had a sore leg and wanted me to treat the same. He had been under treatment in a St. Louis allopathic hospital for some time, after which he had been treated by an allopath in my neighborhood for about six weeks. His general health seemed much reduced by the suffering from the wound.

At a more close examination I found a large wound on the front and inner side of the left tibia, deeply excoriated and being about three inches in diameter, covered with sloughing material all over; highly gangrenous, looking quite black and exuding all along a thin, yellowish, sanguineous fluid, and giving off the most disagreeable odor above referred to.

This wound was on the same spot where the man had suffered a fracture of the tibia twenty years before. He had hectic fever most of the time and a stinging burning pain in the wound. All the skin surrounding the wound was very much thickened, hard and purple dark red in color, which condition, together with the seat of the wound, led me to name it *salt rheum*. The whole leg down to the ankle joint, foot, and up to the knee was badly swollen and more or less in a state of inflammation.

3. TREATMENT AND PROGRESS OF THE CASE.

Losing time at such a condition of things might have thrown the patient into complete jeopardy. Immediate interference was demanded. And the question now arose what ought to be done first? I gave a lotion of Eucalyptus globulus; and internally Ars. 3x. It would lengthen my paper too much, would I refer to every dose of medicine administered and to

every lotion applied. In short I will state that the internal treatment consisted of Aconite, Bell., Ars., and Merc. sol., as they seemed most specifically required. Bell. for the extremely shining redness of the skin. Aconite for the feverish condition. Ars. as the best adapted remedy against the gangrenous condition and Merc. sol. as the pains mostly were aggravated during night, and against suppuration. And I can say that these remedies did most excellent service.

It was only at beginning of the treatment that I used the Enc. glob. lotion, then resorted to a lotion of Carbolic acid and Calendula mixed, which acted nicely and corrected the bad odor of the wound in about one week.

Scalpel and scissors were used in detaching all the sloughing parts. But the wound for about ten days grew larger and larger, until it measured transversely five inches, and perpendicularly about three inches. The bone was exposed to view about two inches in length, just where the fracture had existed; even the bone itself partly sloughed off and the external layer peeled off. At this time the wound showed such a condition that nine out of ten surgeons might have advised amputation of the leg as the only means of saving life. More or less hemorrhage sometimes occurred from the severed vessels. The leg remained for some time in a condition of much swelling and, added to this, pus gathered or burrowed down at the bone and an exit had to be given it about three inches above the ankle joint, which gave much relief.

4. ISSUE AND CONCLUDING REMARKS.

But this condition lasted only about two weeks from beginning of my treatment; after which time improvement set in. Improving the general health of the patient by more or less vigorous diet, the use of remedies es-

pecially Ars. 3x., and keeping the wound(ulcer)clean and moist by compresses wetted with the lotion of Carbolic acid and Calendula, my patient did nicely, the wound assuming a more natural and healthy condition, growing smaller and smaller gradually. Healthy granulations set in, and after a short time covering the bone completely, until the wound was not more than about one-fourth the size it had been.

At this time I had lost sight of the patient, as he went to the paupers' home without my knowledge. But I have not the least doubt, that under my treatment the wound would soon have healed entirely and health have been restored. The case was under my treatment only about two months.

Before closing this paper, I wish to draw your attention to the following points of interest:

1. The extremely hopeless condition of the case at first.

2. The situation of the wound just at the spot where, twenty years before, the bone had been fractured.

3. The favorable issue of the case after short treatment.

4. Watchful and Homœopathic treatment often corrects an evil and thereby makes surgical interference unnecessary.

5. Homœopathic treatment, with many patients being their last refuge, should always be our first, best and only mode.

SUCCESSFUL SURGERY.—A surgical operation recently made on Captain Washburn, of Livermore, Me., is one of interest, as the operation has never been performed in New England before. Dr. Greene, of Portland,

operated, cutting a gash seven inches long and four in depth, laying bare the sciatic nerve, which he found constricted as with a ligature. Having cut this band and stretched the nerve, he closed the wound, which healed in twelve days. Previous to the operation, the Captain had not enjoyed two hours of sleep at a time for five years. He has not failed to enjoy a full night's rest ever since the operation, and is doing well.—*N. Y. Commercial Advertiser.*

"THE MEDICAL PROFESSION AND THE HOMŒOPATHS." A REPLY TO THE ABOVE, AS PUBLISHED IN THE MEDICAL RECORD, N. Y., DEC. 11, 1880.

BY

B. F. LUKENS, M.D.,

Troy, O.

From the heading of this article, the editor would impress the reader with the idea that homœopathy is no part of the *medical profession*. If this is true, and taking into consideration the ratio of change for the past twenty years, the next twenty years, the medical profession will be "*non est*," and all doctors will be homœopaths, what a happy time the coming M. D.'s will have! No more bickering about schisms in medicine. Let us all with one accord give a loud and hearty *Amen!*

The editor begins by referring to some translations of the Royal College of Physicians and Surgeons of Dublin. "Numerous instances of consultation between homœopaths and regular physicians occurred in Dublin not long ago. The practice, indeed, had existed for some time, but finally it became so glaring that the College of Surgeons took up the matter. After

some discussion they passed resolutions condemning the practice of consulting with homœopaths and denouncing homœopathy as a deception not to be tolerated among physicians and surgeons who have a regard for their professional character." This smacks strongly of tyranny. It may do for the medical profession of Dublin, or of the powers which love the kingly rule; but I would be pleased to see the King Medicus of America who would dare dictate to one of her medical sons whom he must counsel with. Why do they condemn the practice of consulting with homœopaths? What have they to fear? Is it not the weak who fear the strong? Truth is powerful, and will ever prevail. If the truth is on the side of the regular practice, why do they not seek counsel, and by so doing show to the world the weakness and insignificance of the homœopathic doctrine? But, alas! the opposite is the result; and this is the reason why they condemn counseling with homœopaths. They say, "It is a practice of deception." Very true, in a certain sense. The patient takes a few infinitesimal doses of medicine, and recovers promptly and thoroughly, and knows not how. It is not so with the regular. The patient knows when he takes a regular's dose; there is no deception about that; he knows it for some time after he has taken it. He also knows when he gets well (if he ever does), and there is no deception about that. Furthermore, because of his deception, "regulars who have a regard for their professional character must not counsel with homœopaths."

Just think of it. A regular physician, who believes in giving a large dose of medicine, counseling with a homœopath, who believes in giving a small dose based upon scientific principles, tried thousands of times and proven to be such, losing his profes-

sional respect! If he does (which I very much doubt) he certainly has not much to lose.

The Royal College confirmed these resolutions, and raised quite a storm among the homœopaths, who, of course, denounced this action of the regular profession as narrow, bigoted, and cowardly." What awful fellows these homœopaths were, to kick up a storm and say such naughty words! They ought to be ashamed of themselves. They ought to know better than to counsel, or in any way to associate with, a regular, for fear of contaminating the regular's prescription with an infinitesimal remedy!

The Medical Press and Circular has something to say. In some very forcible comments upon the matter, it says words that are worth repeating. "The profession distinctly refuses consultation with homœopaths." This is no disparagement to homœopathy. The profession has lived nearly a century without the regular, and hopes to *ad infinitum*, so far as the law regulating the school is concerned.

Again, it says that "it believes the tenets of that schism—and more especially infinitesimalism—are not doctrines which may be honestly held by reasonable, thinking, and educated gentlemen." Will the regular physician please give a *tenet* in therapeutics which is always reliable at the bedside, and is not in harmony with the therapeutic law, *similia similibus curantur*? Come, now, Mr. Regular, be candid. We have been searching for this, and find that every attempt which you have made establishes the therapeutic law as promulgated by Hahnemann.

As to infinitesimalism, it is not an exclusive principle with the homœopath; it is a principle of drug action, which is in direct harmony with the law of similars. Will the regular please have the fairness to make this

discrimination? Because the therapeutic action of the infinitesimal dose was discovered by the homœopathic school, they are classed as "unreasonable, unthinking, and uneducated gentlemen." Let us see if this is so. We will instance a case of eczema. Mr. W. called on a regular physician, who pronounced his disease eczema, and prescribed for him Sulphur in its crude state, also a lotion of Sulphur and lard. This treatment was continued for several months, without any good resulting. Finally I was called upon to treat the case. After a careful investigation, the leading symptoms characterized Sulphur; yet, thinking they were aggravations produced from the crude Sul. already taken, I searched the case for a different remedy. After treating the case for a number of weeks, using in the meantime Sul. 3d trituration to no benefit, resorted to Sul. 200th attenuation; gave one dose in the office—a few drops on the tongue, with Placebo powders of sugar, to be taken during the week, at the end of which time he returned and expressed himself as feeling better. I gave him another dose of Sul. 200th in the office, with more Placebo powders to last during the week, as before; and when he returned was perfectly free from any eruption. I must state that this was an exceptionally aggravated case, as he was literally covered with a scabby exudation, excepting his hands and face.

Possibly another case would more forcibly illustrate the efficacy of a highly potentized drug. Mrs. B., who had partially recovered from an attack of Bright's disease, was taken violently with neuralgia of the left kidney, from congestion. I was called about 11 o'clock, P. M., found her in writhing agony. I used all the means at my command, and was only able to quiet her suffering by 3 o'clock, A.

M. Taking advantage of this rest, I hastened to my office, two miles distant, to confer with my library, leaving orders with Mr. B. to report to me as soon as the pain returned. At 4 o'clock he came hurriedly into the office, and demanded that I do something to relieve his wife very soon, or she could not survive long. In the meantime I found that the symptoms under *Lycopodium* covered her case perfectly. Having a strong faith in the law of similars, I prepared four powders of sugar saturated with a few drops of *Lycopodium*, 30th potency; one powder to be given as soon as he returned, and if no relief followed to give a powder every half hour until all were taken; but if relief followed the first dose, not to repeat it until the pain returned. I did not hear further from the case for about ten days, when Mrs. B. came to the office, and almost the first word was, "Doctor, what did you give me?" My reply was, "Why?" "If you gave me morphine, it was the first time in my life I was able to take it." "Were you suffering when your husband returned?" "Doctor, I could not have lived much longer, my pain was so great." "What effect did the medicine have?" "Almost instant relief; but I did not live up to your orders, for in half an hour I took another powder, and it put me sound asleep." "How did you feel the next day?" "I had some soreness and inflammation in my left kidney, but I took the remaining two powders, which removed all my suffering."

Now, Mr. Regular, "how is this for high" potency? The above cases can be authenticated at any time. Such instances are numerous with most every homœopath. It establishes most perfectly and rationally the law of similars, but requiring a knowledge of the amount requisite to meet the condition. It is not unfre-

quently the case with the homœopath, that the potency is too low, and a higher potency meets the condition with promptness. The fundamental principle of homœopathy is the selection of a drug whose physiological symptoms resemble the symptoms of the disease to be treated. If the remedy is not curable in the crude state, it is found effective in a potentized state. Now, this is what the regular pronounces "unreasonable, unthinking, and uneducated." He says, further, that these are the "theories put forward to attract the uninitiated and impressionable section of the public." This is certainly not very complimentary to those who use it. The greater portion of the literary men and women of the world employ it—the professors in our colleges of learning, the ministers of the gospel, lawyers, and intelligent business men everywhere use it. It is truly the impressible who use it. Truth impresses the intelligent everywhere. Again, the regular "believes it to be unscientific, delusive, and erroneous." What about Ringer, Bartholow, and others—are they not following in the footsteps of the homœopath? Is not the tendency of the science of *therapeutics*, as taught by them, directly in the relation to the law of similars? This is unmistakably true. The signs of the times indicate that it is not far distant when the allopathic school *will have a law in therapeutics which will be similia similibus curantur.*

MEDICAL NOTE.

Dr. Brubaker, Barry, Ill., in April No. 1881, relates a case of *desperate epistaxis* treated successfully with *desperate means*, viz.: persulphate of

iron plugs, cold water on head, *compression of the carotids*, and washed the mouth out with tincture of iron. Had bled four hours—stopped in ten minutes. The next day required an hour to stop it; remedies not stated. Again, 15 drop doses of ergot every two hours was given, and no more trouble. * * * Some two years since I was called in haste to a stout looking but weakly young man, who had bled for nearly two hours abundantly. I sent a powder of Ipecac, *2m* to dissolve in one-half glass of water, and take a teaspoonful every fifteen minutes till I saw him. He had taken the second dose just as I reached him. No clots in the nose and no bleeding after the second dose (which was not needed). I saw him more than a year later and he was still surprised "how that little water stopped it so quick and it had not returned." I would consider him of hæmorrhagic diathesis, as I learned lately that he had died of consumption. Not to criticize the heroic method *too* much (for all of us get in tight places sometimes), I would suggest that we shun the "Flesh Pots of Egypt" until we make a trial of Similia.

When overrun with much business or confused in an emergency, we may not think of the appropriate remedy; but, if Dame Nature could speak, she would make her best "kurtsy," when we get her out of trouble in accordance with her constitution and by-laws; *i.e.* correct a disorder just as she would if she had the time and ability.

E. H. P.
Cleveland, O.

A. R. Barrett, M. D., of Richmond, Va., has associated with him Dr. George L. Stone.

THE
AMERICAN HOMŒOPATH.

*A Monthly Journal of Medical, Surgical
and Sanitary Science.*

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EDITORIAL.

THE AMERICAN INSTITUTE OF
HOMŒOPATHY.

The session of the American Institute for 1881, held at Coney Island closed on the 17th of June, amidst the well deserved congratulations of its friends.

Brighton Beach Hotel, the scene of its labors, was selected in order to give to the members of the Institute an opportunity for healthful recreation, while they were devoting a portion of their time to advance the cause of scientific medicine and the principles of our school.

We regret that an unusually unpropitious state of the weather prevented to some extent the enjoyment of the many pleasures which the place of their meeting so abundantly prof-

fers to the visitor during the Summer months.

But all seemed to enjoy their sojourn and excursion to the fullest extent, and what is still more to the purpose, exhibited a zeal for the school to which they belong, which augured well for its continued success.

The harmony which prevailed, proved that the large majority had come to the conclusion that only by working hand in hand for the promulgation of the great law, in accordance with which they all profess to practice, could they attain their aim. Hence minor differences proved no apple of discord.

The profession at large may well congratulate itself upon having had such dignified and evidently scholarly representatives as filled the hall of Brighton Beach Hotel, to advance the cause of scientific medicine.

The president's address was an able statement of the present status and conditions of our school, and contained some valuable hints for its further advancement and usefulness as an instrument to improve the sanitary condition of society.

The Bureaus showed by their reports and subsequent discussion that both officers and members did not regard their appointments sinecures. Their contributions and the results of some of their investigations, will materially enrich our medical literature.

We have only one regret to express: that the Bureau of Materia Medica, one of the most important in our school, presented the most meagre report of the session. We consider the labors of this bureau of paramount value to our school. The provings of our remedies in a *reliable* form ought to be always considered one of the most prominent duties to be discharged by it. Our provings, if properly made, are a feature which

cannot be over-estimated. To that bureau more particularly we have a right to look, to free us from the accumulated trash of *spurious* provings, and to give us, stamped with the seal of their authority, symptoms that are the result of provings of drugs uninfluenced by emotions, diet, exercise or other extraneous causes. We trust the time will come and very soon, when that branch of our medical studies will receive the attention it merits.

The session was made the occasion of many expressions of fraternal feeling, which promises well for a solid front in our ranks hereafter.

It closed becomingly with a banquet at Delmonico's, given by the New York County Society, to the members of the Institute and their friends. Old friendships were renewed, new ones formed, which may last a lifetime, and misunderstandings of the past healed and put out of sight.

We hope that the meeting next year may if possible be as much an improvement on this year's meeting as this year's meeting was upon that of the previous one, and above all things, that no *special* hotel rates will be provided for anymore, for that always means as it did this year, special, viz., inferior accommodation and table. Far better let every one who attends, pay the regular price, and not have the pleasant time he comes for, marred by the meanness and stinginess of hotel landlords.

THE BRAIN AS AN ORGAN OF MIND.

By H. Charlton Bastian, M. A., M. D., F. R. S., Professor of Pathological Anatomy and of Clinical Medicine in University College,

London. D. Appleton & Co., New York: 1880. 8vo. Pp. 700.

In an age when we are minutely and dispassionately investigating the processes of nature by the inductive method; at a period when we are coming to believe that all organic activity, physically speaking, is immediately due to various chemical changes in the organism which are produced by the action of force in one of its several forms upon matter properly disposed, we must welcome any serious attempt which endeavors to bridge over the chasm between the new philosophy and the old, between the scientific methods of to-day, and the metaphysics of the past.

The method *a priori* has in psychology, of all subjects, been most fully, and we must say, most diversely developed. And it has not yet been given up.

Certain prominent philosophers still cling to it. The now immense, and ever accumulating collection of facts in neurology are excluded by them. A large body of facts connected with objective psychology, or the recorded subjective states and acts of men and animals are quite neglected in the favorite pursuit of subjective psychology, or the investigation of one's own states of inner consciousness.

The result is that the metaphysician and the scientist are separate, pursuing different paths instead of combining their forces as they might do, and thus both aid each other and the general cause of truth.

We have, however, to heartily thank our author, for doing just this very unusual thing,—for showing the relations which obtain between the subjective psychology of the metaphysician and the objective or experimental psychology of the modern scientist.

In this effort we believe he has admirably succeeded, and, as is usual, in using two different methods to ar-

rive at conclusions, the results are much more positive than otherwise would be attained.

The author details to us first the uses and the origin of a nervous system in the animal organism, he then traces the development of this mechanism, so to speak, from its primordial forms to its greatest complexity in man, through the various classes of molluscs, vermes, arthropods, fishes, reptiles, birds, quadrupeds, and quadrumana, he discusses the structure of a nervous system and its division into sensor nerves, motor nerves, sensory ganglia, and motor centres. Following, or partly bound up with these facts of neurology our author discusses the more subjective portions of his work, and brings to bear upon it the general conclusions and prominent facts already brought out.

In a chapter on the "Scope or Mind," the old idea that mind is an entity, which has so long possessed the philosophical world, is thoroughly exploded. The fact is enforced that what for short we call mind is nothing more than the group of phenomena given rise to by action of the nervous system. The point is also made that there is no dividing line between conscious and unconscious nervous action, that in all, or in most of our acts, a part only of the processes gone through with in the nervous system in order to consummate them, is apparent to us. Conscious sensation merging into complicated mental acts, all the parts of which we are not conscious of at the time, before a resultant motor action is produced, e. g.: We are asked the name of a person or thing, which at the moment we have forgotten, we make a fruitless effort to remember; after a time spent in other thought, it suddenly flashes upon our consciousness; evidently, unconscious

mental processes have been kept up until the slumbering memory was awakened.

We cannot separate mind from unconscious any more than from conscious nervous action, hence mind is to be made synonymous with nervous phenomena in general.

Our author gives numerous proofs of his position, many of them drawn from his knowledge of the physiology of the nervous system. The advantage of a thorough knowledge of anatomy and physiology in the study of psychology is fully exemplified in the pages before us.

Naturally following the definition of mind, comes the discussion of reflex action and unconscious cognition. Chapters succeed on sensation, ideation, and perception, consciousness in lower animals, and on the nature and origin of instinct: the summation of the latter being comprised in the generalization already arrived at by more than one observer, that instinct is nothing more than inherited habit.

Following instinct, nascent reason, emotion, imagination and volition receive a chapter, in which the doings of the social insects are especially discussed.

From these matters the author passes on to the mental capacities and powers of the higher brutes, and lastly, to those of man, dealing particularly with the location of the various functions in different portions of the brain.

The book altogether may be said to hold an isolated position in philosophical literature. It strikes the golden mean which psychologists and philosophers have yet to seize upon and make their own.

On the other hand it fills quite as unique a niche in the archives of medicine. It is seldom in fact that a practical medical man or even a

teacher of the art advances so far toward the general principles of nervous action which his thorough training in the observation of fundamental nervous phenomena, fits him for finding if he will simply look for them.

W. Y. COWL.

MEDICAL LEGISLATION.

Extract from a pamphlet published in Nashville, Tennessee, and inserted by special request.

Although asking for the present argument only the consideration it merits *per se*, its author would mention that he is well acquainted with the laws enacted in other States, where any have been enacted, for the regulation of the practice of medicine, and that what he submits is in the light of that acquaintance.

NECESSITY OF LEGISLATION.

No array of facts is necessary to show that there are evils and abuses in the practice of medicine which need correction. Nor is there a lack of conviction that medical knowledge is yet imperfect, and that its practitioners often fail in the possession of so much of it as to render them always the successful and safe custodians of human health and life.

Such abuses, and imperfections, and want of acquaintance with medical science and art, cannot be fully met nor provided for by voluntary individual effort. Such is the jealousy and selfishness of men, without some coercion from above or without their own ranks, they yield too often and too much to the lower motives of life. Their progress will reach a point only a certain distance in advance or above the intelligence of the people among whom they live and labor.

It, therefore, becomes the duty of the State to provide for the enlightenment of her citizens, to the end that the medical profession shall, itself, become more enlightened.

THE WRONG KIND OF LEGISLATION.

Much of the legislation in different countries, and in different States in our own country, has been arbitrary and unjust. The erection of any standard of medical acquirements or opinions, with a view of forcing all medical practitioners to *conform* or to *quit*, is not only wrong in principle, but fruitless of good. When subjects are viewed, always from the *one* standpoint, few discoveries of note are made.

The history of human progress shows that almost every improvement of great value, not only in medicine, but in other departments of human learning and labor, have been led by non-conformists and heretics.

It is not well to have the safeguards of what we esteem good to-day, so iron-clad and strong that they will prevent our accepting what is *better* to-morrow.

Enactments requiring all practitioners in a State to possess diplomas from chartered medical schools, have never protected the people from medical ignorance and incompetency. Charters are easily obtained, and diplomas not hard to get. Honesty, industry and temperance do not always go with a diploma, nor does all necessary learning.

Medical success, even in a high degree, has crowned the labors of many a practitioner never favored with college training.

Boards of medical examiners, authorized by law to pronounce upon the fitness of their associates and competitors for the practice of the healing art, have failed to make their licentiates any more successful than

many to whom their licenses were refused upon technical grounds.

Far better and safer the judgment passed upon a practitioner by the enlightened community in which he lives and labors, than by examiners who see and know him but for an hour.

THE RIGHT KIND OF LEGISLATION.

But there should be no hesitation to provide laws for the regulation and improvement of medical practice in the State of Tennessee because the legislation in other States has been futile, and often arbitrary and unjust. The State can and should protect her people against the falsehoods and deceptions of ignorant pretenders by compelling all practitioners of medicine to write their own medical history, under such safeguards and so plainly as to enlighten those who depend upon them in times of sickness and danger.

You may not compel physicians to possess diplomas, or certificates from an examining board which has measured them all with the same rod, or stretched them upon one procrustean bed, but you can compel them to furnish the facts, in regard to themselves, upon which they may be judged as to their qualifications to practice the healing art.

You may not prohibit the people their choice of medical attendants, but you may so enlighten them that they can wisely choose for themselves.

You may not be able to force medical learning, but you can do much to encourage and induce medical men to seek it earnestly and where it may best be found, by causing them to tell where and how they were educated.

You may not compel a high order of preliminary scientific training in students of medicine, but you can make it very desirable by compelling a display of history such as proposed by the Watson bill, now pending.

You may not forbid the coming of loud-mouthed charlatans into your State, but you can wondrously moderate their deceptive brag by a few sworn statements of personal history. You may not stop the flow of your citizens' money into the pockets of the peripatetic pretender, but you may make the cost of his license such as to render his "visits few and far between."

UNIVERSITY OF MICHIGAN HOMŒOPATHIC EXAMINATION.—Surgical examination of the JUNIOR CLASS of the *Homœopathic College, U. of M.*, at the end of the first semester, 1881, in the principles of surgery. Answer all questions in writing.

DEPARTMENT OF HOMŒOPATHY.

1. Define inflammation; give its stages and pathology of each stage, its objective and subjective symptoms and treatment?

2. Give varieties of ulcer; diagnosis and treatment of each variety?

3. Define mortification; differentiation between it and hospital gangrene, diagnosis, pathology and treatment?

4. Name the textural changes; give the peculiarities of each?

5. Define a burn; give varieties, constitutional and local treatment?

6. Give the constitutional and local effects of cold and treatment?

7. Define hernia; give diagnosis, pathology and treatment?

8. Define an abscess; give diagnosis and treatment?

9. Define anthrax; give diagnosis, pathology and treatment?

10. Describe the process of ulceration?

Surgical examination of the SENIOR CLASS of the Department of Medicine

and Surgery, U. of M., at the end of the first Semester, 1881.

The candidate to write upon *three* out of the six, and no more.

DEPARTMENT OF MEDICINE AND SURGERY (OLD SCHOOL).

1. What is meant by healing by the first intention, and what conditions favor this method?

2. What are inflammatory new formations, and mention at least six that are met in practice?

3. Diagnose syphilis?

4. Describe Syme's amputation of ankle joint (not lectured upon).

5. Describe hare lip, and method of treatment?

6. Ulcers.

Thus it will be seen by comparing the two sets of questions that the *Juniors* of the Homœopathic College show a higher grade of study, and a larger scope of medical education, than was required of the *Seniors* of the old school, although one year higher in grade.

We call attention to the above as illustrative of the higher order of medical education in the Homœopathic College, as compared with the old school, in the Michigan University, and what is true of surgery is equally true of all other branches taught in the homœopathic school. This should satisfy our brethren generally of the status of homœopathy there, and the growing confidence entertained in the faculty and its curriculum.

E. C. FRANKLIN, M. D.

ABSTRACTS.

LEAD-POISONING FROM THE USE OF COSMETICS.—At the recent meeting of the Kentucky State Medical So-

ciety (*Med. Record*), Dr. Holland called attention to the fact that there are certain distinctive, though rather vague, symptoms of lead-poisoning which precede the more marked symptoms of wrist-drop, colic, and lead-line, and which, when more carefully studied, would suffice to lead to an earlier diagnosis. These symptoms he described as headache, vertigo, slight colicky pains, and constipation. He then gave notes of the case of a woman, who, two years ago, began the use of flake-white powder as a cosmetic. After exhibiting the symptoms already mentioned, she had an attack of melancholia of a month's duration; afterwards, the signs of plumbism—double wrist-drop and the blue line on the gums—were abruptly presented. He related in detail several similar cases illustrating the essential points deduced from the paper,—that lead may be introduced into the system to the extent of its toxic effects when applied on the skin in the form of powder and lotions; that the most popular beautifying cosmetics contain lead. The results of the chemical analysis of various popular cosmetics were given in detail.

SYPHILIS AND LOCOMOTOR ATAXIA.—In a recent number of the *Centralblatt für Med. Wissen*, Erb has published an additional series of facts confirmatory of those previously brought forward by himself as well as those of Dr. Gowers. Of one hundred consecutive cases of tabes, only twelve gave no history of a chancre or of secondary symptoms. The interval between the primary sore and the first symptoms of the ataxia was ascertained in eighty-eight cases; it

was between three and five years in seventeen cases, between six and ten years in thirty-seven cases, between eleven and twenty years in twenty-four cases, and more than twenty years in ten cases. In order to ascertain the truth of the objection that the large percentage of cases of ataxia with preceding venereal sores or of constitutional syphilis is due simply to the commonness of the latter, Erb has investigated the history of four hundred individuals over twenty-five years of age, who were under treatment for diseases which were not suspected to have any relation to syphilis. Only twenty-three per cent. of these gave a history of syphilis, while the percentage of ataxic individuals giving a history of syphilis was eighty-eight! Erb thinks this justifies the conclusion that there must be an etiological connection between syphilis and locomotor ataxia.

URIC ACID AND GOUT.—Austin Meldon (*Brit. Med. Jour.*, vol. i., 1881, p. 466) maintains the following theses: 1. The presence of uric acid in the blood is not the sole cause of gout. 2. Want of exercise and of animal diet will produce an accumulation of uric acid in the blood. 3. Uric acid and soda must exist in the blood before the disease can be produced. 4. There must be depression of the nervous system to cause an attack of gout. 5. Depression of the nervous system causes a union between uric acid and soda, forming urate of soda. 6. When an attack of gout has passed away it does not necessarily follow that the uric acid has disappeared from the blood. 7. Uric acid may exist in the blood in

considerable quantities and for any length of time without causing gout. 8. The use of nerve-tonics, the inhaling of oxygen and the use of electricity, are of much service in the treatment of the disease.

TUPELO TENTS FOR DILATING THE UTERUS.—Dr. Landau (*Volkmann's Samml. Klin. Vortrag.*), in a lecture on methods of dilating the cervix uteri, strongly recommends the tupelo tent, made from the root and stem of the *Nyssa aquatica*. He says these tents expand more uniformly than laminaria tents, and their coefficient of expansion is somewhat greater than that of any other tent. In expanding they produce the same softening and infiltration of the uterine tissues as other tents. They do not tend to septic infection; and therefore antiseptic precautions need not be rigidly carried out where they are used. One tent may be kept in three or four hours, and then replaced by another. The cavity of the uterus may thus be made accessible to the finger within twenty-four hours. In two years' use, Dr. Landau has seen no ill effects from their employment.

HAS VACCINATION ANYTHING TO DO WITH THE DEGENERATION OF THE HUMAN TEETH.—In an able paper read before the British Dental Association by F. Richardson L. D. S. with the above title, published by the *Monthly Review of Dental Surgery*, we quote the following conclusion he arrives at.

"With regard to vaccination itself,

and looking at it from a purely professional point of view, I venture to think it is an operation that out of regard to its possible influence upon the teeth, may well be postponed till later in life. Even assuming that it is a protection against small pox, surely all other considerations ought not to be ignored for the sake of this one. Beside, the danger of a child, surrounded by proper sanitary conditions, being attacked by small pox, is surely a very remote contingency, whereas vaccination is direct and immediate. For it seems impossible that the number of infants who suffer from measles, or other serious ailments, before they are three months old (when the vaccination laws first assert their authority over them), is such as would account for even a fraction of the cases of honeycombed teeth which constantly fall under our notice. In many instances, we are told, either that the child never had a day's illness beyond what is usual after vaccination, or else that he was attacked at an age when we know that even the six-year-old molar is too far developed to exhibit any external traces of adverse influences.

Let us, then, as dentists, acting in the interests of our patients, look well into this matter, so that when the whole subject of vaccination comes on for discussion "in another place" (as there is every probability that it will), we, as a body, may this time have something to say about it, and perhaps our voice may be the means of deciding whether for the future our babies are to be "fermented" according to act of Parliament, or whether they are to remain unleavened as God sent them."

DRAINAGE FROM THE BLADDER IN
THE OPERATION FOR STONE, ESPECI-

ALLY THE HIGH OPERATION.—Trendelenburg (*Cbl. f. Chir.*, 1811, p. 172; from *Berlin. Klin. Wochens.*) alludes to the fact that in many cases of large and old calculi the ureters themselves are dilated, so that the valve to the bladder is opened and cystic inflammation can very easily extend towards the kidneys. The urine, mixed with debris, blood, etc., may also penetrate to the kidneys and arouse pyelonephritis. For this reason Trendelenburg urges the employment of drainage-tubes for eight to twelve days after the operation, washing out the bladder once with disinfecting fluids, but not again. This procedure should be followed in all cases, but especially after the high operation.

ELECTRICITY IN THE TREATMENT OF EXOPHTHALMIC GOITRE.—In the "New York Medical Journal" for June, 1881, Dr. A.D. Rockwell, Electro-therapeutist to the New York State Woman's Hospital, alludes to eight cases of exophthalmic goitre previously recorded by him as having been treated with electricity—three ending in recovery, and one in approximate recovery, and gives the history of an additional case in which the result was favorable. It would be impossible, he thinks, to obtain similar results in a number of cases by any one method of electrical treatment. In some cases localized galvanization by the ordinary method may prove efficacious. This method may be thus described: Place the cathode over the cilio-spinal center, above the seventh cervical vertebra, and the anode in the auriculo-maxillary fossa, gradually drawing the latter (after a few moments of stable treatment) along the inner border of the sterno-cleido-mastoi-

deus muscle, to its lower extremity. The second step in this process consists in removing the anode to the position occupied by the cathode, and placing the latter over the solar plexus, using for a few moments longer a greatly increased strength of current. In other cases currents alternately increased and diminished may prove most effective. The general application of the faradaic current sometimes proves an important factor in the method of treatment. It is not very difficult to believe, he remarks, nor to understand why general faradization is so effective in lowering a pulse that is rapid as a result of nervous excitement, and in increasing its strength when it is both rapid and weak through nervous exhaustion. It is more difficult to explain why this result is so pleasantly obtainable in cases of exophthalmic goitre in which the galvanic current, after benefiting up to a certain point, fails to do more. The faradaic certainly does not affect the sympathetic so directly and powerfully as the galvanic current does, and we are obliged, for an explanation to refer to its well-known superior tonic properties, and to the fact that the complete and thorough excitation of the cutaneous nerves by general faradization is followed by a greater and more desirable reflex influence. In a case of over thirty years' standing, which the author recently treated, but in which he failed to cause any appreciable reduction in size, this power of one current to supplement the action of the other was well illustrated. The pulse of the patient was constantly at or above 115. The action of the galvanic current reduced it to 105, but failed to do more than this after considerable effort. General faradization was then attempted, with the result of effecting within a week a further and seemingly permanent reduction of twelve beats. At the

same time the patient's general condition was much improved.

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NERVE-STRETCHING IN EPILEPSY.
—*Le Progres Medical* for February 5th contains a further communication upon this interesting method of treatment. In addition to the cases of locomotor ataxia and sciatica treated successfully by this method (see *Medical Times*, January 15th and January 29th), three cases have recently been operated upon by this method in the Hôpital Bicêtre at Paris. The one reported by *Le Progres Medical* concerned a woman suffering with congenital epilepsy, in whom elongation of the median and ulnar nerves was practiced by Dr. Gilette in the upper third of the arm on December 31, 1880. Although the brief period which has passed since the operation does not permit a definite conclusion to be drawn, it may certainly be asserted that a decided change for the better has been wrought in the patient's condition. The attacks, which numbered ninety a month, have been already reduced to eighteen during the month of January. They are also less severe. The after-effects of the operation itself were next to nothing; the wound united by first intention, and the slight discomfort in the arm experienced by the patient disappeared after the first week.

—

DIFFERENTIAL DIAGNOSIS BETWEEN SCARLATINA AND OPIUM-ERUPTION.—(*Correspondenzblatt für Schweizer Aerzte; Deutsch. Med. Wochens.*, 1881, gives the following:

Scarlatina. *Medicinal Eruption.*

History of contagion.

No history of contagion; occasionally history of previous attacks of the same kind.

The eruption finely punctate; only later is it confluent. Beginning on the neck, reaches its maximum in one to two days. Occasionally severe burning and itching; often chills. It may be accompanied by urticaria and pustular lesions. Duration one-half to one week. Desquamation occurs after a longer or shorter period, the scales branny or lamellar.

The eruption is diffuse, not punctate, or, if punctate, the punctæ are not divided by healthy skin, but are situated on an erythematous surface. The eruption begins on the neck, and reaches its maximum in one to two days. The lower half of the extremities often remains free. There is always itching and burning. Frequent chills. Urticaria and erythema papulatum are often associated with it. Duration four to eight days. Desquamation after some five days, branny or lamellar.

The tongue at first thickly coated, later smooth and red. Angina, with or without diphtheritis. Gums inflamed. Blood or albumen in the urine.

Tongue and gums normal. The medicine generally to be found in the urine.

Temperature continuously high.

Pulse usually frequent.

Localizations in the organs of hearing and joints and kidneys.

Relapses are rare; pseudo-relapses are mostly like measles. Rarely complicated by other diseases as sequelæ.

Temperature (often with chills) very high, course normal, or subfebrile.

Pulse moderately increased or normal.

Slight eczema often occurs as a sequel.

Relapses under the same circumstances almost invariable, the course of symptoms being about the same each time.

BABY-CARRIAGES AND BICYCLES.—Dr. Henry H. Smith, of Philadelphia, contributes an interesting article on the injurious effects of the constant use of baby carriages and bicycles on the physical development of the young. He lays stress upon the fact that the erect posture is the one most conducive to perfect physical development. The baby-carriage does not secure muscular action, such as supporting its head, holding erect its spine, etc. A child that is carried is being constantly educated or trained in balancing its head and shoulders; whilst the abdominal muscles, which here act as flexors of the spine, also compress the liver and other abdominal viscera, and aid the peristaltic action of the bowels, as well as the action of respiration. In addition to this, such infants are sooner able to sit alone, and creep or walk more vigorously than those who, in the continued supine posture of the baby-carriage, fail to recover this mus-

cular exercise. With the increased expansion and contraction of the thorax, there is also improved respiration and oxygenation of the blood corpuscles; whilst the waste of tissue that ensues on muscular action creates increased necessity for repair, and we therefore have increased appetite, with improved digestion and nutrition. Another evil liable to ensue from the constant use of the baby-carriage is the jarring and concussion of the delicate brain and spinal cord of the infant, created by bouncing the carriage over the gutters or up and down the curbstones of our sidewalks. This evil is quite as serious to the infant as the concussion of the spine alluded to by Mr. Erichsen as the result of railroad travel is to the full-grown man—the nervous system of the child being very easily impressed by jars or concussions. Some years since, the “baby-jumper,” or a mechanical arrangement by which a child sat astride of a broad band, so suspended that its toes could barely touch the ground, was quite the fashion, as it enabled the child to take care of, and amuse itself whilst taking exercise by a species of jumping, in which it was aided by the elastic bands, from which it was suspended. The development of pes equinus, caused by the constant touching of the earth by the toes as the child strove to obtain its spring, soon led to its being given up. A somewhat similar deformity the writer fears is likely to be created by the use, by young and growing lads, of the bicycle. The extreme flexion of the toes to reach the treadle that works the machine, causing too much action of the flexors of the toes, as well as the gastrocnemius and soleus muscles, thus also inducing pes equinus. If, as is possible, this means of locomotion is, with some, to supersede the more advantageous exercise of walking let at least special attention be given

to the length of the rider's leg, and let it be seen that the treadle is not so far from the sole of the foot as to necessitate a constant elevation of the heel in order that the toes and ball of the foot can reach the point of progression. — *Philadelphia Medical Times*.

CASE OF NECROSIS OF LOWER JAW-BONE, WITH LOSS OF THE NECROSSED BONE.

BY

R. M. THEOBALD, Esq., M. A., M. R. C. S.,

London, England.

Melvina Wright, ætat. five years, came to the Blackheath Homœopathic Dispensary July 13th, 1880. She had great enlargement of the right side of the face. She had already been under treatment as an in-patient at Guy's Hospital for four and a half months, the swelling having appeared about the beginning of the year 1880. On examination I found a large bony mass, like an exostosis, along the lower maxilla. The molar teeth had been extracted, and a continuous discharge of fairly healthy pus was issuing from the sockets. Her health was not bad, though she had suffered much from pain, and had become somewhat weakened through the purulent discharges.

At first I was inclined to diagnose the case as one of exostosis, arising from a scrofulous and possibly syphilitic diathesis; but continued observation led me to the conclusion that the child was suffering from simply scrofulous necrosis of the maxilla. After some time—*i.e.*, about a month

—pus flowed also from the ears, and the sub-maxillary glands were much enlarged. The pus became more offensive, often so much so as to render the room she occupied almost intolerable to other persons. There was also occasional bleeding from the gums covering the diseased bone, but never profuse. Her general health improved under treatment; a hacking cough which tormented her ceased; she gained flesh and strength, and the discharge became much less offensive. The swelling, however, did not much vary in size, but remained constant, and the child was always excessively frightened by any attempt to inspect or touch it. She continued in regular attendance, without any very important change, beyond the evidences I have mentioned of general constitutional improvement, till December 28th, when, on her visit, I found that a large bony mass was protruding along the whole margin of the lower jaw, above the level of the gums. The alveolar ridge of the lower jaw was, in fact, projecting above the line of the gums—a hard, brown, rough, foetid, unsightly mass, bathed in pus and mucus. This was very loose, and might apparently have been easily separated; but, owing to the extreme nervousness of the child, I was unwilling to use the necessary tractive force. Accordingly, on January 8th, 1881, I put her under the influence of chloroform, and my friend, Mr. Frank Robinson, speedily removed the whole of the lower maxilla, including the articulating surface fitting into the socket of the upper maxilla, by a very simple traction with his dental forceps.

A few days after the discharge of pus ceased; the swelling has since very much diminished, although on February 1st, when she paid her last visit to the dispensary, a considerable amount of enlargement still remained.

It appears that the periosteum of the jaw-bone was not destroyed, for a secondary bone has taken the place of the one which has been removed. The bony outline is perfectly distinct, and its articulation with the upper maxilla is clearly perceptible. It seems probable that when the swelling has subsided little or no deformity will remain, and the ordinary movements of the jaw and face will be established. Of course she will be minus the right lower set of teeth, but when she has grown sufficiently these can be easily supplied by the resources of mechanical dentistry, and then she will not be apparently in a different condition from other persons who have simply lost their teeth from ordinary decay.

The medicines which she received from time to time were *Calcarea Fluorica* 3, *Silica* 200, *Belladonna* 200, *Calcarea Carbonica* 200, *Sulphur* 200, and *Asafetida* 200. The last-named medicine was especially serviceable when the discharges were very offensive. I also gave her, on one occasion, a few doses of *Ipecacuanha* 200 for the cough with markedly favorable results.—*Hom. World*.

HYDROPHOBIA.

BY

H. H. THOMPSON, M. D.

Cheltenham, Eng.

I do not know whether the attention of homœopaths has been called to the properties of *Stramonium*, a herb which, suppose, is to be found in our Pharmacopœia, though it may not grow wild with us as in Italy.

My attention was called to it some years ago by a passage in an Italian periodical (the *Civiltà Cattolica*), in which its virtues as a cure for hydrophobia, and its use for that purpose by the natives of Tonquin, are stated.

I translated the passage at the time, and subjoin it here, in consequence of having noticed in your last number a fatal case of hydrophobia treated by another medicine, but with no allusion to *Stramonium*.

The Catholic missionaries amongst the heathen have mentioned several remedies in use among the Indians of Central America, as well as the natives of Tonquin, in the case of serpent bites or hydrophobia; but, as the herbs are mostly unprocurable, I should imagine, in this country, the only one of much practical value seems to be that which I have named.

Extract from the *Civiltà Cattolica* 19th June, 1875:

"The missionaries in Tonquin make mention of a third remedy, not less salutary, if only recourse is had to it before the rabid attack comes on, and this can easily be found in our pharmacies, and even in the fields, where the plant from which it is extracted grows wild in the hedges and moist soils. It is the *Datura Stramonium*, known to the common people under the various names of *noce puzza* or *spinosa*, of *pomo spinoso*, and of *solano furioso*; which last appellation is derived from the symptoms which are produced by its poison when administered in doses of a certain quantity; symptoms analogous in part to those of hydrophobia. From this it may be concluded that it renders the disease innocuous by precipitating its course before it has arrived at its malignant stage." The conclusion, I imagine, which homœopaths would be disposed to draw would be one entirely coincident with their leading principle.

"All the missionaries, says the Père le Grand de la Liraie, who is one of them, can warrant the truth of the alleged efficaciousness of the remedy, and many of them have themselves used it." Here he gives their names; and he continues to cite cures, explaining how the medicine is administered, which is by giving to the patient as much anise reduced to powder as could be placed on a French *sou*, and at the same time making him drink water in which some *Stramonium* has been infused. The sole essential ingredient administered here, he says, as an antidote to hydrophobia, is *Stramonium*, the infusion being made of the dried or green leaves; but it is prudent to boil them, in order to abate their acid and poisonous property.

"There are two kinds of *Stramonium*; the one is white, the other is of a violet or reddish color. This last is the best. We may infer that our *Stramonium* is not less efficacious than the Tonquinese, from the cure of an ecclesiastic at Paris in 1869. He had been bitten in the hand by a little dog, which thirty hours afterwards died with undoubted signs of hydrophobia. Very soon the symptoms began to show themselves in the ecclesiastic, which each day grew worse, notwithstanding the remedies applied. At last, the attacks becoming so much more violent that the final one seemed imminent, the sick man forced himself to chew a good pinch of the dry leaves of the *Stramonium*, swallowing the juice. Scarcely half an hour had elapsed before the dreaded attack came on, but not a furious one, such as is usual in hydrophobia, being more of the character of light-headedness, and the following day he was cured."

From this case it would appear that the herb is an efficacious remedy even after the rabid stage has set in. Whether or not it would have any

effect except in considerable doses would be a question; but, at any rate, the principle on which it cures would appear to be homœopathic. It would certainly be worth a trial where every other remedy has hitherto proved inefficacious, if the experiment has not been as yet made.—*Ibid.*

CLINICAL NOTES,

BY

GEO. B. PALMER, M. D.,

East Hamilton, N. Y.

I would like to again call the attention of our Homœopathic physicians to the value of *Macrotin* in *Mania-a-potue*. I know that many are in the habit of resorting to opium, chloral or large doses of bromide of potassa, in the treatment of this class of cases. While using other remedies these things are resorted to to produce sleep as a temporary expedient. Now I have found in quite a large number of cases, that *Macrotin* will take the place of these narcotics and anodynes—and is the remedy homœopathic to the case.

I find in conversation with some of our school, that they had as they supposed tried this remedy and failed to get a satisfactory effect. But all these had used the *actea racemosa*, a tincture from the plant, instead of the alkaloid *Macrotin*. The original proving was made from the alkaloid, and I have found that the effect, particularly in delirium tremens is very different. I get no good results, except from the use of the alkaloid, I use it in these cases—in the 1st tril.:—2 grain doses, repeated in from

2 to 4 or 6 hours as may be necessary—and it very rarely fails to produce quiet sleep, and a relief of all the unpleasant symptoms.

And I will repeat what I have before stated in this journal (I think) that from quite a large experience, that it is one of the best remedies to counteract the effects of long continued use of opium and to overcome the habit, that I know of. In this case as in the other, the tincture of the plant will not do, is almost useless in my hands—while the trituration of *B. Keith's Macrotin* very rarely disappoints me.

INCUBATION PERIOD OF SCARLATINA.—The late Dr. Murchison, as a result of his observation and study of the incubation period of scarlet fever, was led to the following conclusions: 1. The duration of the incubation stage may be only a few hours. 2. Probably in a large proportion of cases it does not exceed forty-eight hours. 3. It very rarely exceeds seven days. 4. Consequently a person who has been exposed to scarlet fever, and does not sicken after a week's quarantine, may be pronounced safe.—*Clinical Soc. Transactions*, vol. xi., 1878.

CASES ILLUSTRATING THE COMMUNICABILITY OF, AND SOME OTHER POINTS CONNECTED WITH, MOLLUSCUM CONTAGIOSUM.—At a meeting of the Clinical Society of London, Dr. Stephen Mackenzie presented several cases to show the contagiousness of the above disease. In one family the mother and four children were the subjects of the disease, two of the latter were reinfected. Sev-

eral other patients were exhibited to prove the same fact; viz., the contagious nature of the affection. Several attempts at inoculation were made, both in those affected with the disease and those free from it, but without success. In the discussion which followed, Dr. Sangster said he thought that constant contact, with friction was necessary to the successful inoculation of the disease. All the speakers agreed as to the contagious character of the affection.—*British Medical Jour.*, p. 855, June 7, 1879.

FRADIZATION IN THE TREATMENT OF PURPURA HÆMORRHAGICA.—Mr. Shand, of Glasgow, reports a case of purpura hæmorrhagica in which the use of electricity was productive of most pleasing results. Other remedies were tried, but the patient continued to sink rapidly. On the fifth day of treatment bleeding was taking place from the vagina and bowels; she looked bloodless, collapsed, and apparently dying. She refused all medicines. Electricity was thought of and applied; the interrupted current was used, running the sponges over the whole surface of the body. This was repeated every two hours, and at midnight no more motions had taken place, but griping had set in. A piece of soap was now injected, and soon relieved her by producing two evacuations; the first consisted of blood, but the second was almost natural. The next day she was much improved, and the bleeding had almost entirely ceased. The electricity is supposed to act by exalting the tone of the nervous system, by facilitating coagulation, by toning the exhausted capillaries, and by encouraging the capillary circulation through acting as a general stimulant. Mr. Shand is in the habit of using a strong battery, with few in-

terruptions, employing the upward and downward current indiscriminately, and does not pay much heed to Ziemssen's points of application.—*The Lancet*.

DIAGNOSIS OF VARIOLA FROM VARICELLA.—Makunk, in an article on this subject, besides calling attention to the various well-known points of difference between these two affections, points out the fact that the varicellous vesicles are *always* multilocular, and cannot be emptied by a single puncture with a needle, whereas the vesicles of varicella are unilocular, and can be emptied by a single puncture; the contents of the former are "plastic and viscous," but the limph of the latter is "serous and watery."—*Lancet*.

ITEMS.

The twenty-first annual meeting of "The Homœopathic Medical Society of the County of Kings," was held at its rooms, 44 Court St., Brooklyn, (N. Y.), May 10th. Officers, as follows, were elected:—

President—E. Hasbrouck, M. D.

Vice-President—C. L. Bonnell, M. D.

Rec. Secretary—W. W. Blackman, M. D.

Cor. Secretary—R. C. Moffat, M. D.

Treasurer—Hugh M. Smith, M. D.

Dr. W. L. R. Perrine,

Dr. S. E. Stiles,

Dr. H. Willis,

Dr. H. Minton,

Dr. E. J. Whitney,

} Censors.

The Society holds its meetings monthly, and cordially extends an invitation to all physicians of adjacent counties to attend.

Wanted, copies of August, 1880, *Hom. Jour. of Obstetric*. Publishers will pay \$1.00 each for them.

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NAJA TRIPUJIAUS.

BY

L. L. DANFORTH, M. D.,

New York City.

The clinical report presented herewith is that of a case where *Naja tripujiaus* was indicated and proved rapidly curative. In order to show the correspondence between the symptoms of the patient and those of the drug, so far as known, I will briefly mention the sphere of its action as published in Hughes' "*Pharmacodynamics*," in Burt's "*Characteristic Materia Medica*," and in one or two clinical records.

Hughes says of *Naja*: "It is of great value in cardiac affections, not I think by direct action on the substance of the organ, but by influencing its innervation. It is Dr. Russell's favorite remedy for chronic nervous palpitation, for the restoration of a heart damaged by acute inflammation, and for assuaging the sufferings of chronic hypertrophy."

Burt gives us another symptom on

the recommendation of Dr. Russel "Temporo-frontal headache accompanied with great depression of spirits, and associated with spinal pain and palpitation of the heart."

Dr. W. H. Holcombe reports in the *U. S. Medical Investigator*, Vol. 1, page 234, that while giving *Naja* to a very intelligent physician's wife for organic disease of the heart "she complained that it contained a symptom altogether new to her, a violent crampy pain in region of left ovary." A similar case was cured immediately a few weeks afterward with *Naja* 3d.

Again in another case the patient related the curious fact that she had violent palpitation of the heart, whenever the ovarian pain came on. He gave *Naja* 3d, and both symptoms disappeared as if by magic.

In view of the above facts, the following history is of interest:

Mrs. V., æt. 33, married and the mother of one child, was under treatment last winter and spring. First began to suffer three years previously. Was subject to headaches and pain in

cardiac region. Very easily excited; was frightened just before her illness began, and on account of the singular condition resulting therefrom was taken to St. Luke's, and afterward to Bellevue Hospital. Does not know what the physicians pronounced her disease to be. Remained in hospital only a few weeks and then returned home. Never felt well after that; suffered from pain in left temple, cardiac and left ovarian region. Patient supposed she had heart disease, but physical examination revealed nothing unusual in the sounds or action of the organ. Had sharp, stabbing pains in cardiac region. *Great mental depression*; countenance wore an expression of sadness; *aversion to talking*; indeed it was almost impossible to induce her to tell me her symptoms. When thus gloomy her heart symptoms, viz: the stabbing pain and sudden irregular action were greatly aggravated. Had frequent attacks of violent cardiac palpitation, coming on in the night, compelling her to sit by the open window in order to get relief. Pain in left ovary, simultaneous with pain in heart. *Sensation as if heart and ovary were drawn up together*; a sense of *contraction* or *drawing together* between the organs. Numbness of head and back of neck; would sometimes prick herself with pins and pinch her flesh to see if sensation still remained. Momentary vanishing of sight, felt weary.

After trying many remedies, *Lachesis* particularly, in high and low potencies without effect, the symptoms mentioned above, especially those italicized, corresponded so closely with those belonging to *Naja* I concluded to give this remedy, and did so, in the 6th potency.

Complete recovery followed in a short time. I did not see my patient after her improvement, until several months had elapsed, when her coun-

tenance was cheerful and she was free from all unpleasant symptoms.

ACONITE AND ARSENICUM COMPARED.

BY

G. N. BRIGHAM, M. D.

Grand Rapids, Mich.

Aconite symptoms appearing in a room disappear in the open air, or are aggravated by warmth and relieved by cold.

Arsenicum aggravated by cold and relieved by warmth.

Ac. nervous symptoms, lameness and venous congestions disappear in the open air and by the use of wine and coffee, and return again in the warm room and at rest.

Arsenicum pains are ameliorated by the warm room, and by compressing the part affected while Aconite symptoms are intensified. But Arsenicum pains are also relieved by motion and by standing, particularly the pains which come on at night are relieved by walking about.

Then Aconite symptoms of a rheumatic character, inflammatory symptoms of the chest and acute febrile symptoms abate in a warm room or disappear entirely, but they are aggravated now by movement in the open air, by drinking wine and by vinegar.

The symptoms of Aconite are worse in the evening.

Arsenicum symptoms also come in the evening after lying down after midnight, early in the morning after rising, when sitting and after dinner. The pains coming on when sitting or lying down may become intolerable, may also be excited by other persons

talking. These pains are frequently accompanied with secondary complaints which are of the utmost importance in the differential analysis by which we determine whether Aconite or Arsenicum is to be given. In Arsenicum we are likely to have much more shuddering and coldness; have chills with subsequent thirst, but the thirst is a short one and only pacified for a moment; that is, the patient drinks a swallow or two and wants his drink frequently; there is a heat of face and heat of the body after the chill; humming in the ears and anguish; and then excessive failing of strength, and inability to remain up. There is usually chilliness and anxiety when the system is toxically affected by Aconite it is true, but the extreme malaise, the prostration, the kind of thirst are sufficiently distinctive.

Aconite in rheumatic and neuralgic affections is accompanied with stinging pains. They both have numbness but Arsenicum has the burning sensation. Ac. however, will have the burning with affections of the mucous membranes.

In Aconite we have congestive inflammations with great erethism of the nerves, and violent fever, especially congestions to the breast, lungs, and head. The action of Arsenicum is less violent if affecting these organs and more likely to be developed through the nutritive and lymphatic system. Aconite carries its peripheral influence more through the posterior spinal cord and the great sympathetic nerves, while Arsenicum affects most the ganglionic organic system of nerves.

Many of the symptoms of Aconite are related to the heart. Most of the symptoms of Arsenicum are related to the alimentary canal. Aconite symptoms are often paroxysmal; Arsenicum periodical.

In œsophagus we may have burning pains from the stomach to the mouth, as the toxic effect of Aconite we may have inflammation of the stomach from Aconite poisoning, and we may have inflammation of the stomach and esophagus from the toxic effects of Arsenic with burning and thirst. But the Aconite will call for large draughts of water and the Arsenicum for small draughts or none at all. The nausea of Aconite will be relieved by eating, and that of Arsenicum intensified. Cold will aggravate our Arsenicum symptoms and alleviate our Aconite. Wine and vegetable acids will antidote our Aconite, but do nothing for our Arsenicum.

Arsenicum somewhat resembles Aconite in its action on the minute ramifications of the great sympathetic nerve, through the capillaries, but the action of Arsenic is more powerful and more lasting.

If the pains of Aconite are in the serous membranes the pains are stitching or sore and stinging. If in the mucus, they are burning. If in the muscles the pains are very severe from motion.

The inflammation agreeing with Arsenicum upon the serous membranes are subacute and speedily followed by effusions. The fever of Arsenicum is a low prostrating type. Aconite of a high inflammatory type. The action of Aconite is most powerful on the animal or cerebro-spinal system, that of Arsenicum upon the organic system. Aconite is adapted to a full bounding pulse, Arsenicum to a weak or small pulse. Ac. to a red face perhaps bloated, Ars. to a pale and pinched face. Aconite patients want to be in the cold, Ars. in the hot air, Ac. pains are accompanied with much fear and exaltation of the senses, Arsenicum with obtuseness of the senses and indifference.

Ac. is adapted to people of full habit, plethoric, or of a sanguine temperament, to young girls, to acute diseases, brought on by dry cold west winds and to congestions of an active character. Ars. is adapted to lymphatic nervous temperaments, sad and irritable, to dropsical and choleraic diseases, passive congestive malarial fevers, and skin diseases of a scaly character; to gangrene, and where incipient disintegration is about commencing.

ELECTRICITY A SUBSTITUTE FOR THE HYPODERMIC INJECTION OF MORPHIA.

BY

A. E. GILBERT, M. D.

Louisville, Ky.

In the May number of the AMERICAN HOMŒOPATH is an article on the pain allaying action of Electricity. On page 120 the question is asked: "Is the application of Electricity a substitute for the hypodermic injection of Morphia?" In reply I will answer in the affirmative. as my experience in practice has proved that it is not only a substitute but an antidote. I have had several cases where the hypodermic injection of Morphia was being used as often as once an hour. My treatment was applied, and the Morphine discontinued and no more used, pain was relieved, sleep produced, and no return of the same pain. It is truly wonderful, but nevertheless true, the success that has crowned my efforts in the treatment of these cases. I will give a few cases for study and reference.

Mr. B., aged 45, strong and muscular, had weighed 200 pounds. Fair

complexion, nervous sanguine temperament. Occupation, manufacturer of farming implements, had been confined to his room and bed for six weeks with intense pain in the epigastric region, also right and left hypochondriac region, tender and painful on pressure and motion, could not turn in bed without great suffering and effort, respiration quick, could not get a deep breath, pulse high, no fever; also pain in the dorsal region sharp and excruciating, general health had been good with the exception of similar attacks though confined to the epigastric region. This "spell" as he called it, was more severe than those formerly and lasted longer, they had been coming on for several years; at eighteen years of age had a kick from a horse in the epigastric region, and thrown ten feet and was picked up for dead; had been in the army and was wounded several times. The history of the case gives conclusive evidence of the cause of all the trouble. When called to the case was under the care of one of the best physicians, Homœopathic, who said he could not live until midnight. Several other physicians had treated the case and drugs had been given in great quantities, beside the injections of Morphia. I was called about 9 o'clock P. M. Morphine had just been injected. I diagnosed the case and treated, about an hour after which he went to sleep and slept four hours. There was spasmodic twitching of the muscles and starting in sleep, he awoke with no pain and soon went to sleep again, rested quietly three hours. I remained until morning and left him in a quiet sleep; had no return of the same pain.

Mrs. M., age 45; married; had children. Fair complexion, mental temperament; had contracted the habit of using Opium, by the direction of her physician, for loss of sleep from

watching over a sick child. The loss of child caused great grief, she kept up the use of Opium until nearly wrecked, and efforts were made to reduce the quantity. The hypodermic injection of Morphia with other drugs combined was being used several times per day when I was called to the case. The Morphia was discontinued, my treatment was applied twice per day for two weeks, then once per day, in two months she was cured.

Mr. W, age 50, suffering from burning with hot iron and cauterization of a cancer in the mouth, by one of the physicians here, who had also given him a solution of morphia for the relief of the pain, which was excruciating. I discontinued the use of the morphine and used electromagnetism twice per day; the pain was and sleep produced, and he continued to improve while under treatment.

Mrs. M, age 55, had been suffering from general debility and nervous spasms for three months; when called had been in a spasm for eight hours, her attending physician, a *Homoeopath*, had been prescribing elixir of opium which she had taken to get rest and sleep. The quantity was increased but failed to give relief or rest. The electro magnetism was used twice per day, the opium discontinued, sleep produced, the spasms relieved, and for nearly two weeks no spasms at all and everything was going on well, when an excitement occurred in the family and she took the opium again, and I gave up the case.

Mr. B, an elderly gentleman 74 years of age, one of the most prominent citizens of Louisville, last February was prostrated by sickness, called by his physician *disease of the liver*, had been suffering several weeks, and his physician had used hypodermic injections of morphine two or three times per day. When called they

were trying to reduce the quantity. I found him very low and weak, with trembling and twitching of the muscles, no sleep or rest and no appetite, with pain when not under the influence of morphine. He was very anxious to get out, as he wanted to go to Texas in a few weeks; he anxiously inquired if I could help him? I replied if he would follow out my directions he could get up again, but he must leave off all drugs and the use of the morphia injections immediately. He promised to leave off all and follow out my instructions and gave me full charge, though his physician visited him every day and left him drugs. I used the electro magnetism and massage treatment twice per day for three weeks, and in less than five weeks he was on his way to Galveston, Texas. His physician Dr. T. S. Bell, in an article in the *Louisville Medical News*, says: "I have seen a recent case of 'opium habit' from the necessary use of the hypodermic syringe for relieving great suffering, *perfectly cured* by the use of the galvanic battery, the fluid extract of Jamaica dogwood, and the energetic resolution of the patient." I will say the Jamaica dogwood was left out, and the energetic resolution of the patient was the assurance that he would get up if he left off the drugs, which he promised faithfully to do, and did so, though the Dr. thought he took them, and claimed the credit of the cure; his recovery was wonderful and rapid.

The few cases I have given will suffice to prove that electricity properly administered is a substitute for the hypodermic injection of morphia, and should be used instead of morphia, and save such painful effects and suffering as it is sure to produce. I have never failed in any case, and shall ever use electricity or electro magnetism as a substitute for hypodermic injection of morphia or mor-

phine in any form, for the relief of pain and suffering.

A CASE OF ANGINA PECTORIS.

BY

J. H. BRACE, M. D.,
Cumberland, Md.

In July, 1877, I was called in to see a patient who was suffering with one of her "usual attacks of heart disease." I found the patient (an interesting young lady of about 21), had a severe attack of Angina Pectoris; she was in great agony, much prostrated, surface and extremities cold, great dyspnœa, and severe pains radiating from the heart to left side and down the arm. Upon inquiring of the parents, I found that she had been subject to similar attacks for ten or eleven years, that they were more frequent and violent each time; that they could ascribe no cause, and that she had been treated by all the other physicians (allopathic) of the town, with no good results whatever; not even relief was given during an attack.

I administered a dose *Arsen. alb.* 3x(trit.) upon first seeing her, and was astonished to find that her acute symptoms were all gone; that in the short time I had been talking to her parents her anguish, pain and dyspnœa had disappeared, leaving, of course, a numbness and a certain amount of prostration.

I left, telling them that when the immediate *effects* of the attack had passed off, to call at the office and I would examine the patient and prescribe for the *cause*, but they never came back she recovered so rapidly, and not having a recurrence of the symptoms they did not think it neces-

sary, and from that day to this (four years), she has not had the slightest intimation of any functional trouble, nor another attack of Angina Pectoris. She married shortly afterward and has a "small" family.

RAPID CHILD BEARING.

BY

A. B. RICE, M. D.
Panama, N. Y.

Thomas in his *Diseases of Women*, in the article on Sub-involution of the Womb, says that the normal retrograde metamorphosis of the womb after delivery is complete at about the end of the second month, at which time all the parts concerned in the act of reproduction have returned to their normal condition.

Playfair in his *System of Midwifery* makes the same statement, and so far as I remember, all writers upon this topic agree in the time given above. It would seem natural to suppose that until the process of involution was complete, there would not be a subsequent conception. That this is the *rule* does not admit of doubt, as the experience of the past abundantly testifies. But there are exceptions, and it is surprising how soon the womb regains its functions, and begins again the work of reproduction.

The following cases which occurred in my practice, and for the correctness of which I can vouch, may serve to illustrate the exception to the rule given above.

CASE I.—Mrs. L. was confined with her first child, a boy, on the 31st day of July, 1870. On the 4th day of June, 1871, she gave birth to a well-developed female child, which seemed

well for about six months, and then died of cholera infantum.

In this case Mrs. L. probably became pregnant the second time about twenty-eight days after the birth of the first child. Since the time given above this woman has borne several more children.

CASE II.—Mrs. C., aged 22, gave birth to her second child on the 2d day of July, 1881. While making a record of the case she told me that her first child was born on the 13th of September, 1880. As I did not attend her in this (first) confinement, I asked the attending physician for the date of her confinement, and he gave it as September 11th, 1880, a difference of only two days.

Take the longer time, and pregnancy began about the twenty-first day after delivery.

It may be objected by some that these cases prove nothing as to the time when the pregnancy began, as the delivery may have been premature. In reply I can only say that so far as I am able to judge these children were fully developed, and that the delivery occurred at the end of a perfectly normal gestation. Both of the mothers were strong, robust country women, coming to their lying in without a particle of previous medical treatment.

Their accouchment was normal in every respect (though in case two the occiput of the child presented to the sacrum) and their "getting up" was good.

I doubt not if the experience of all our physicians on this point was to be fully given, many of such cases would be found to have occurred, and perhaps some in which pregnancy took place even nearer to the time of confinement.

This is an interesting question, and it would be well to collect the experience of the profession on this point.

ARSENICAL POISONING.

BY

JOHN H. CLARKE, M. D., London, England.

Since I last communicated cases of poisoning by arsenical wall-papers, I have met with very many fresh instances.

Marian G., æt. fifty-five, widow fourteen years, grey eyes, very grey hair, pale complexion with yellowish tinge, medium size, fleshy, but of very soft fibre, came to me first on 2d April of this year, at the London Homœopathic Hospital. She told me she had previously had typhoid fever, being confined to bed for two years; epileptic fits, nervousness, hysteria, etc. She had been treated at this hospital previously with benefit.

She complained of severe pain in the head in the morning—pressure at the top and back of the head; giddiness, coming on suddenly, and accompanied by a feeling of sickness, but not by vomiting; soreness of the throat; prickling in the eyes—she does needlework—weakness and dizziness after dinner. Tongue whitish, bowels regular, appetite bad, sleep heavy.

I ordered her to leave off her customary beer, and take *Ignat.* 1, one drop three times a day.

April 23.—A fortnight later she was in exactly the same condition, the only additional symptoms complained of being distention after food, and that her pillow felt very hard. *Arsen.* 3, gtt. j. t. d.

May 7.—The old symptoms *plus* a coppery taste in the mouth, and "wind convulsions." She says there is much coke burnt by her neighbors, the fumes reaching her dwelling. *Gelsem.* 1, gtt. j. t. d.

May 21.—The chest is very bad; head rather better.

I now elicited from her the follow-

ing history, my suspicions having become by this time aroused.

Her husband, who died fourteen years ago, was a bird-stuffer. She helped him in his work. Much arsenic was used. She was careless in handling it, often taking a handful out of the jar with her hand instead of with a spoon.

Sixteen years ago, whilst still working at the bird-stuffing, having for some time been in bad health, suffering amongst other things from swelling and numbness of the hands, she became an out-patient at King's College Hospital. One day, whilst in attendance there, she fainted. She recovered, and returned home, but when she reached her home found her arm was stiff, and she could not lift it up to ring the bell. She was helped in and put to bed. She vomited much green matter. With the exception of one day, she was not downstairs for the next two years. Her head felt swollen to an enormous size.

This is the illness she mentioned to me at first as "typhoid" fever. She thinks the doctor said it was rheumatic fever.

As soon as she was able to leave her bed her feet began to swell. The first day after getting up she was seized with her first "epileptic" fit. The doctor said it was because she had no blood in her. The following day she had another, and another six months later. After the first seizures she lost the use of the muscles of the back of the neck. This continued for a long time. She had also great weakness of the legs for a year. She took much *Valerian*.

I examined on this occasion specimens of the papers on the two rooms occupied by the patient, and found them both to contain arsenic in abundance.

The history of the case now became clear to me. The patient had

been more or less under the influence of arsenic ever since she helped at the bird-stuffing. The numbness and swelling of the hands, the fainting, vomiting, extreme prostration, bloodlessness, and the train of nervous symptoms and paralysis, all pointed in one direction. The present sufferings whilst dwelling in arsenical rooms, and the failure of arsenic given as a medicine to relieve the symptoms, added unmistakable evidence as to the cause of all the trouble—if such addition were necessary.

Living in the same rooms were her daughter and son-in-law, with their children: the son-in-law is dying with phthisis. One of the children I shall mention presently.

I told her to get the paper off, or to change her abode—great difficulties being in the way of either—and prescribed *Carbo. veg.* 6, gtt. j. t. d.

June 4.—She returned complaining of a "dead" pain at the chest, and all the old symptoms. She brought with her, her grandson, George C., æt. six, a brown-haired, intelligent-looking, boy, delicate. He was troubled with a "weakness of the bowels;" had had it more than a twelvemonth—chronic diarrhœa. Three or four motions in a day come with great force and suddenness; he turns pale at the time. Stools dark, muddy, and very offensive. Tongue very red, much thirst, dainty appetite. No worms had been seen, and he appeared to be healthy in other respects.

I had no hesitation in setting this diarrhœa down to the same cause, having lately had a case, almost exactly similar, in a lady, where the diarrhœa was clearly traced to arsenic in wall-papers. The fact urged against this by the grandmother; that he had it before coming to live at this house twelve months before, did not have much weight with me, for the chances

were greatly in favor of his having been under its influence in his previous abode.

Before concluding I may mention a little personal experience that may be of service to some. Early this year I began to suffer from a spasmodic cough, waking me in the middle of the night and keeping me awake, the coughing-fits ending by my bringing up a very little clear phlegm. This was quite an unusual symptom with me, as my cough, when I get one, is never of that kind. At the same time I was suffering from an obstinate follicular sore-throat; this, too, quite unusual. I had then been occupying my bedroom two or three months. I examined the paper—quite a harmless-looking one in the neutral tints—and I found in it, to my dismay, a large quantity of arsenic. Of course I had it removed, and the spasmodic cough disappeared, but a cough of another kind remained behind for some time, being helped away in the end by *Calc. carb.* The sore throat lingered longer, but in the end took its departure also.

CATARRHAL STENOSIS OF LACHRYMAL PASSAGE.

BY

J. C. BURNETT, M. D.

London, England.

A narrowing of the tear duct, or other part of the tear passage, from a cold is not by any means an uncommon complaint. A *watery eye* is the prominent symptom, and a very distressing affair it often proves to be. In a very slight degree there may be merely *epiphora*; but if it continue it

soon develops into the condition whose prominent, and at the same time most distressing symptom is *stillicidium lachrymarum*.

Various homœopathically-chosen remedies have a most powerful action in this affection. My favorites are *Calcarea Muriatica*, *Kali Muriaticum*, and *Natrum Muriaticum*. *Allium*, *Arsemitum*, *Euphrasia* and *Iodium* and the like may also be needed. The subjects are usually psoric, or sycotic, or psoro-sycotic.

But let me go on to my case: Miss X., only a few months old, was noticed to water at the left eye. "She has a cold in her eye," said the nurse and mother. The doctor was of the same opinion; but beyond Collyria he knew of no remedy. It would just pass away.

This gentleman was, nevertheless, quite orthodox, and Sir William Jenner would have most willingly met him, for he has, equally with Sir William Jenner, a very great contempt for "what has been called Homœopathy." However, in spite of complete orthodoxy, in spite of washings, in spite of "Oh, it's only a cold in the eye," in spite of faultless hygiene, and healthful surroundings, my little missie's watery eye got no better, but worse, and still persisted, after three months of orthodox washing and waiting. Her gentle mamma was very much distressed as she peered into the future, and saw her little beauty with a sore watery eye.

Oddly enough, the cure of her elder sister's throat by "what has been called Homœopathy," was opportunely remembered, and the much-contemned homœopathic practitioner was accordingly applied to.

Of course, if Dr. Jenner would have met me on the case, I might have had the advantage of a "wrinkle" on the subject; but as I believe in "the delusion called Homœopathy,"

it is clear I shall have to go down to my grave without the supreme happiness of a consultation with the present President of the College of Physicians. No wonder my hair is growing grey. Then I might have called in Dr. Kidd in my "agony of despair," but he has jilted Homœopathy after a rather long and laborious courtship. And then Dr. Kidd "never prescribes infinitesimal doses," and my patient is only a wee babe, so in my terrible agony I took the still more terrible resolve to—dare I, in my deferential respect for my profession, put it in black and white?—have a consultation with Samuel Hahnemann! Said the old seer, "The anti-psoric *similimum* to your case is *Natrum Muriaticum*." So I gave this doughty drug—*sal sapit omnia*—in the sixth centesimal trituration, and six grains thereof four times a day. Hahnemann told me the dose was too big; but I would not listen to his old-fashioned notions of posology; *nous avons changé tout ça*, in these latter days of science.

And then Dr. Kidd does not believe in small doses, and consequently they are no good. Who would listen to an old German's ideas about the dose question?

So I gave, as before stated, *Nat.-Mur.* 6, which Dr. Kidd says is no medicine at all, and "unjust to the sick."

In two days the baby's father appeared to inform me that the powders were too strong, as they made the baby vomit, so they had halved the dose, and only given half a powder instead of a whole one. This is not the first time or the second that I have noticed vomiting arise from *Nat.-Mur.* 6.

In a week my baby patient's eye was quite well, and has remained so to this day, and that is some months ago.

THE AMERICAN MEDICAL ASSOCIATION AND HOMŒOPATHY.

BY

A SUBSCRIBER.

Lo and behold! the days of Homœopathy are numbered, (?) for the American Medical Association have, at their late meeting, passed an amendment to their Code of Ethics, which prohibits them, or any of their profession, from signing any certificate or diploma, or aiding in the graduation of any persons whom they have reason to believe intend to support and practice any exclusive and irregular system of medicine. So I suppose the poor Homœopath must look elsewhere for his diploma than at their hands. This is a pretty good joke.

The first day of the meeting was devoted mostly to addresses by the Governor of Virginia and President of the Association, and to organization. The second day they got to work, and in the course of the day the following amendment to the Code of Ethics was presented. This was the same as was presented to this body in Atlanta in 1879, but was there laid upon the table after a very effective speech against it by Dr. Dunster of Ann Arbor, Mich:

Action on amendment to Code of Ethics, article 1, paragraph 1st, add "and hence it is considered derogatory to the interests of the public and honor of the profession for any physician or teacher to aid in any way the medical teaching or graduation of persons knowing them to be supporters and intended practitioners of some irregular and exclusive system of medicine."

The bringing forward of this amendment again brought Dr. Dunster to the stand at once, and it was evident, from the calls of "Dunster! Dunster!" that he had many supporters.

He made a very strong argument against it, claiming that the amendment was inconsistent, also that it would be inoperative from the moment it was passed, as there was not power enough in the Medical profession to enforce it. In attempting to do so they would come in conflict with the law, as they had no right to close their doors against any one simply for opinion's sake.

He contended that homœopathy was fast sinking in Europe, simply because the homœopathic student there was obliged to get his education in the allopathic colleges; that by close contact he became converted; had his eyes opened to the truth. For this reason it would be policy to let the homœopaths come to their colleges in this country and learn the *truth* (?), which would gradually wipe out homœopathy.

At the close of his argument Dr. Davis, of Chicago, took the stand; but it being so late the meeting adjourned until the next day.

On the third day Dr. Davis opened the ball, with a regular harangue in favor of the amendment and against homœopaths. He compared their colleges (the regulars) to schools for teaching mechanic arts, and homœopaths to a gang of burglars trying to enter their schools to learn their methods that they might use them against them, just as a burglar would use his knowledge in making keys and opening doors that he might rob the more easily. He declared that active measures must be taken to prevent these frauds and impostors from entering their colleges. He said he believed in liberal medicine, and thought every new man had a right to administer his medicine as he pleased, from homœopathic soup or diluted moonshine to the strongest dose possible; that the physician should be allowed to exercise his own judgment

in this matter, but when a physician attached an *adjective* to his title that stamped him at once. The old man seemed to be fighting the *adjective* more than the principles. In other words, a man might be a homœopath as much as he pleased, but don't say so, don't tell any one of it, don't put it on your sign. Steal all you can from those miserable homœopaths, use all their thunder you can, but don't on any account call it homœopathy, *anything* but that. At the close he was loudly applauded.

Dr. M. B. Martin, of Boston, then took the stand and tried to be humorous. He said he had studied homœopathy, and knew it to be a fraud and a humbug. He said there were two schools of irregulars, the eclectics and homœopaths, and he considered some action was necessary to stop the progress of the latter, as in his city the wealthiest people employed physicians of that school. This was quite an acknowledgment.

Dr. Dunster then reported his objections to the amendment.

Dr. Marcy, of Massachusetts, made a motion to indefinitely lay the amendment on the table. This was amended to indefinitely postpone, which was lost, by a vote of 106 to 108, in the midst of much disturbance, many leaving the hall.

Dr. Davis, of Chicago, then moved to pass by and make it the special order for to-morrow, after the usual preliminary business had been disposed of. Agreed to.

On the fourth day an amendment to the amendment was presented by Dr. J. H. Billings to this effect: "Article 1st, paragraph 1st, add: It is not in accord with the interests of the public or the honor of the profession that any physician or medical examiner should examine or sign diplomas or certificates of any kind, or otherwise be specially concerned with, the grad-

uation of persons whom they have good reason to believe intend to support and practice any exclusive and irregular system of medicine. This was passed without any trouble or argument.

Here it is in a nut shell. The poor public must be looked after and protected from the miserable frauds, these "burglars," these humbugs of homœopaths, and the terrible responsibility of doing this rests upon the "regulars," consequently to deprive the homœopath of a diploma *they* refuse to grant him one.

How supremely ridiculous this whole thing is; as though this action was going to affect homœopathy one iota.

In the first place we have colleges where the course of instruction is as good as theirs in *every* respect. Our diplomas will stand along side of theirs at any time. Furthermore, any young man who attends any one of their colleges, studies hard and passes a *good* examination, will be graduated and will receive a diploma; for they will not dare risk a trial in the courts upon a question of this kind. All men are equal in the eyes of the law.

This action simply shows that the "regulars" are at their wits' ends as to what to do with homœopathy. They are using many of our remedies every day, and even applying them in many instances according to our law. One of the papers read at this meeting gave an account of the success of treating catarrhal irritation of the nasal passages and pharynx, with enlarged tonsils, with bichloride of mercury (*mercurius corrosivus*), in doses of 1-32 of a grain. They do not intend, however, to give *one particle* of credit to homœopathy.

I sincerely hope that at the coming session of the American Institute some action may be taken regarding this foolish step of the allopaths. I hope

a resolution may be passed placing us upon record, as we always have been, as a liberal body, opposed to bigotry in *every sense* of the word, and that the doors of our colleges are always open to any of proper age and good character and having sufficient education to entitle them to medical instruction; and that all students shall be treated with the same degree of fairness, no restrictive measures being used to attempt to *force* a student against practicing any system of medicine he chooses. This will place us in a correct attitude, and will do more good than all the retaliative measures in the world, for by retaliation we shall place ourselves in the same low category with our antagonists.

LOCOMOTOR ATAXIA DIFFERENTIATED FROM FUNCTIONAL CONDITIONS WHICH SIMULATE IT.—In the "New York Medical Journal" for May, 1881, Dr. A. D. Rockwell, electro-therapeutist to the Woman's Hospital in New York, remarks that the astonishing affirmations concerning the curability of spinal sclerosis that were current in German literature a few years ago are far from being confirmed by later experience. The grouping of symptoms of many of the cases reported in no way indicated grave lesion of the cord, and in some cases were little more than typical illustrations of simple spinal irritation. In other cases of reported cures the symptoms presented were more in accordance with those observed in posterior spinal sclerosis. In these cases of recovery, of which quite a number have occurred in his own practice, it may be asserted, he thinks, without fear of contradiction, that serious structural changes in the cord did not exist. The distinction might very properly be made that they were

cases of ataxia, but not of posterior spinal sclerosis. In consideration of this evident fact, the following interesting and important question is suggested: In cases presenting symptoms commonly supposed to be pathognomonic of posterior spinal sclerosis, is it possible to differentiate between structural and functional phenomena? For some years it has been usual with him to give an unfavorable prognosis in *all* cases, but, at the same time, in recognition of the fact that recoveries have occasionally taken place, it seemed justifiable to recommend tentative treatment. If improvement up to a certain point follows and then permanently ceases, it is very probable that we have a case of locomotor ataxia with spinal sclerosis as the cause.

If, however, the case be one of simple ataxia simulating posterior spinal sclerosis, it becomes evident by progressive improvement up to complete recovery. The author gives condensed notes of fourteen cases, and discusses the diagnostic import of the prominent symptoms. We cannot, manifestly, depend, he says, on any one symptom, and perhaps not on any single grouping of symptoms. Although it will be observed that inability to touch a given point on the face was characteristic of all the grave cases, and absent in all the curable ones, yet there may be cases involving only the lower part of the cord, in which this symptom does not appear throughout the course of the disease. This limitation, however, he believes to be exceedingly rare. In the second stage of locomotor ataxia, anæsthesia of the tips of the fingers, together with inaccuracy of touch, almost invariably exists, showing disease of the upper portion of the cord. As, therefore, this inability to readily touch a given point on the face by rapid movement is so uniformly observed in

posterior spinal sclerosis, and is seldom if ever found in cases simulating the same, it may be regarded as one of the most, if not the most, valuable accessory diagnostic signs. Abolition of the tendon reflex and absence of the iridal reflex are also most important symptoms, since in curable cases these phenomena are seldom if ever wanting. On the contrary, neither impaired sexual strength nor the sense of abdominal constriction is of much value, because they are so common to other conditions; nor is he inclined to attach great importance to ocular troubles, except in conjunction with more important symptoms. Inco-ordination of movement is perhaps the only symptom, subsequent to the full development of the disease, which may not occasionally be absolutely wanting. Unfortunately, however, for its value as a single diagnostic symptom, it is *the one* symptom through which functional has been so readily mistaken for organic disease. Pains of a fulgurating character generally precede ataxic symptoms, but not always, and for months and even years the patient may be quite free from more than transient and vague pains. In the second stage, however, or after the appearance of ataxic symptoms, it is not very difficult to distinguish between structural and functional causes. As regards the electro-therapeutics of this disease (and, however unsatisfactory it may be, it affords quicker and more permanent relief than other methods), he is led to insist upon thoroughness of treatment. General faradization will accomplish much more than local applications of either current, and in many, and perhaps the majority of cases of posterior spinal sclerosis, will be followed by more or less alleviation. In the not very infrequent and persistent condition simulating sclerosis it acts rapidly and effectively.

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EDITORIAL.

ON SUPPURATION AND HECTIC.

The history of the past month seems more than ever before to have developed the powers of interrogatory in the lay mind, and the professional ability to fully meet them.

Minute points in surgical pathology become the theme for general conversations. Opinions are asked and freely given as to the directions bullets will take, the dangers of pyæmia and the use of drainage tubes.

Dr. A. hangs up a subject, shoots at it, and publishes the results in the newspaper. Dr. B. sends an account of a wonderfully interesting and singular case occurring in his practice. Dr. C. says when a bullet has entered the abdomen cut it open, tie wounded vessels, wash it out and sew it up.

Drs. D. and Z. are giving their

opinion to all their friends and patients, and sending suggestions to Washington by way of the local editors, who generally transmit them via waste basket.

Meanwhile the community divides itself into the blissful optimists, the pessimistic minority and the preponderant mental reserves.

But who knows whether the sinus is healing? Who knows whether the bullet is becoming encysted or still continues to excite suppuration in its bed?

If we can judge at all from the blankness of the official bulletins,* from the optimistic interviews with the consulting surgeons which the press reports, from the freedom of the discharge, from the continuance and even increase of the hectic, or from the high pulse rate in the intervals of fever, a most sure sign of general asthenia, we are inclined to doubt, we are disposed to believe that there yet remains a long pus-secreting and *pus-retaining* canal, at best but imperfectly drained.

In appreciation of the fact that no one, not even a Cabinet Minister, can give an opinion of any positiveness, it would be presumption to venture: yet we think that while the subject is so prominently before the public, medical as well as otherwise, it may not be amiss to call attention to a point that we have not yet seen broached, namely: the immense benefit it would be, prognostically speaking, should it become possible to

*Or any official opinion upon this point.

flush and properly cleanse the sinus, for whose healing we are all so anxiously waiting.

It is a fact which the experience of the army surgeons in our late war abundantly demonstrated, that a man shot entirely through the leg recovered quicker than he who was shot but half-way through (the bullet removed of course), and simply for the reason that the former was able with a syringe to keep his wound clean, which the other was not.

The wonderfully increased rapidity with which a suppurating surface anywhere upon the body will heal after a thorough systematic cleansing is substituted for such dressing as even an ordinary surgical nurse has given it is a matter within the cognizance of any one who has had direct charge of a surgical ward and taken pride in it. There is no doubt but that the mere presence of pus is deleterious. Witness the subsidence of fever after the evacuation of abscesses, the ordinary diagnosis of retained or confined pus by the presence of hectic, and the relief from fever which a phthisical patient will often experience after a severe attack of coughing and the evacuation of a cavity that has been laden with muco-pus; and who will doubt but that the daily hectic which our chief executive is suffering is due to retained pus?

But we ask, immediately, what shall be done? Cut the bullet out? This, it is needless to say, we are not competent to decide. We do remember, however, that soon after the shooting

a discolored spot appeared, that overlies the place where now an induration is felt, said to be in the right iliac region, and causing pus to flow when pressed upon. It suggests itself at once to us that if the bullet had penetrated the anterior abdominal wall, it would naturally produce an ecchymosis over it, which it hardly could if situate beneath the peritoneum.

But very likely the points we make have all been discussed in the many consultations that have been held at Washington. We trust, however, that in the hope that the bullet would become encysted and the sinus close, the danger of exhaustion from suppuration, and the benefits (if possible to confer) of a free passage-way have not been overlooked.

The late rise of pulse in the intervals of fever we hope, however, do not indicate an increasing exhaustion.

At least we trust that no mere fear of operation would at any time defer too long what might in any other case be deemed a necessity.

C.

ON ABDOMINAL EXAMINATION IN PREGNANCY—ITS DIAGNOSTIC VALUE.

By

ALBERT S. ADLER, M. D.

Whilst pursuing my medical studies in Germany, most of my time was occupied in the study of obstetrics. That which attracted my closest attention was the system adopted by

German obstetricians for abdominal examination during pregnancy and labor. The diagnostic value of such a system is great, and will be clearly understood, and I trust duly appreciated. A clear exposition of this method, since no book published in the English language gives any information regarding it, I think it would be of interest and importance.

Abdominal or external examination is divided into inspection, percussion, auscultation, palpation and mensuration. Inspection of the abdomen is made to note its distension, form, normal curvature, whether a pendulous abdomen is present or not, the latter always indicating a narrow pelvis, or an anterior curvature of the lumbar vertebræ; to determine, furthermore, if cicatrices of a previous labor, œdema of the abdominal coverings, or a pulsation or movement of any kind is present. Furthermore, if the umbilicus has disappeared, if it is deepened, flat, protruding, and if there is any discoloration of the abdomen to be seen. Frequently a small tumor is found in front of the uterus, below the umbilicus, and a distinct ridge can be seen, which separates the tumor from the uterus, indicating a distended bladder.

Percussion may be resorted to in determining the height of the fundus of the uterus, which is calculated from the symphysis pubis, umbilicus and ensiform process, the boundaries of the uterus, presence of air, ascites. Percussion generally can be replaced by palpation.

The height of the fundus is a sure guide in determining the period of gestation. In the first three months it is impossible to percuss or palpate the uterus, on account of its size, and being situated below the symphysis pubis. At the fourth month it is somewhat above the symphysis. At the fifth month it is between the um-

bilicus and symphysis. Now the mother feels the first movement of the child. At the sixth month the fundus is on a line with the umbilicus. At this time the position of the child in utero is detected by abdominal examination. At the seventh month the uterus is two to three fingers' breadth above the umbilicus, and at the eighth month between the umbilicus and ensiform process. At the ninth month it reaches the ensiform process, and attains its highest position. At the tenth month it descends again, and now occupies the position which it occupied at the eighth month.

Auscultation is of the greatest importance, not only during the earlier months of gestation, but also during the later periods and during labor. The following murmurs or sounds are heard:

First. The uterine circulatory murmur, formerly termed placental souffle, is rythmical and synchronous with the pulse of the mother, and altogether unconnected with the fœtus. This sound is caused by the intermitting flow of blood from the distended arteries to the veins without the aid of the capillary circulation, and can be easily suppressed by the pressure of the stethoscope upon the uterus. At the beginning of the uterine contraction the sound is at its maximum, but ceases at the height of the contraction. The uterine murmur of itself may prove deceptive, inasmuch as it is also heard in hypertrophy of the uterus or in case of inter-uterine tumor or foreign body situated in the uterine cavity.

Second. The sound of the pulsation of the abdominal aorta is rythmical and synchronous with the pulse of the mother. The sound of the maternal heart can also be heard at the abdomen from its transmission through its covering.



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The attention of the Profession is called to the following Extract from Lecture 36, Page 583, FIFTH EDITION, on the DISEASES OF WOMEN by

R. LUDLAM, M. D.,

PROFESSOR OF THE MEDICAL AND SURGICAL DISEASES OF WOMEN IN THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL, OF CHICAGO; LATE PRESIDENT OF THE AMERICAN INSTITUTE OF HOMŒOPATHY, AND OF THE CHICAGO ACADEMY OF MEDICINE; CORRESPONDING MEMBER OF THE HOMŒOPATHIC MEDICAL SOCIETIES OF GREAT BRITAIN, FRANCE, MASSACHUSETTS, AND NEW YORK; AUTHOR OF A VOLUME OF CLINICAL LECTURES ON DIPHTHERIA; MEMBER OF THE STATE BOARD OF HEALTH OF ILLINOIS, ETC.
Chicago, DUNCAN BROTHERS, PUBLISHERS, 1881.

CYSTITIS.

Another valuable, if not indispensable, auxiliary in the treatment of sub-acute and chronic cystitis especially, is the use of appropriate mineral waters, the best of which, I think, is the "*Clysmic*" Spring Water. My attention was first called to its value in consequence of its remarkable effect in the cure of one of my best personal friends.

The notes of her case are as follows:

Case.—Mrs. —, aged 26, the mother of three children, had suffered for four years from what was diagnosticated to be "**catarrh of the bladder,**" "**inflammation of the neck of the bladder,**" and "**the first stage of Bright's disease with malarial fever in the worst form.**" So many different opinions as to the nature of the disease were given by Drs. Alonzo Clark, George E. Belcher, and several other distinguished and competent physicians of New York City. Both schools of treatment were faithfully and skillfully tried, but without avail. The catheter was used for many weeks; then an injection of morphine, and twice each week an application of iron was made to the interior of the bladder, which was continued for six months. It became impossible for her to walk, for the slightest exertion caused an untold agony with local spasms that required the use of seven grain suppositories of opium before they would yield. The pain that was caused by the desire to urinate was beyond description.

When her weight had been reduced from 172 to 112 pounds, and it seemed impossible that she should recover, a final consultation of physicians was held, and it was decided to wash out the bladder and inject a solution of the nitrate of silver. The prognosis given was that she must die, or be bed-ridden for the balance of her life.

Before beginning the use of the caustic injections, she began to drink the "*Clysmic*" Water. In a very little while the painful symptoms subsided, and in a few weeks she had entirely recovered her health. More than two years have now elapsed, and there has been no return of the difficulty.

This kind of spring water seems especially adapted to those cases of urinary disorder in women, which are catarrhal in character, and which are compounded with miasmatic and dyspeptic derangements. For this reason it has a wide range of application in paludal districts, and with those patients who have developed a kind of urinary cachexia, which does not respond to ordinary remedies, and which, except for its use, are exceedingly difficult to cure.

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Three. The gurgling sound of the intestinal gases.

Fourth. The pulsation of the foetal heart, which is first heard at the end of the fifth month, and, if heard, is the surest and most reliable sign of pregnancy. It consists of a double pulsation, having a frequency of 120 to 150 beats in a minute. The sounds are heard most distinctly on the side of the uterus where the back of the child is situated. I shall refer to this again as one of the means of diagnosing differentially the position of the child in utero.

Fifth. The umbilical murmur, which is synchronous with the sound of the foetal heart, and but seldom heard.

Sixth. Spontaneous movements of the child are heard as short and rapid strokes.

Palpation is usually performed to determine: 1st, the size of the uterus; 2d, its condition; 3d, its contents; 4th, the position of the child and its different parts; 5th, the presence of more than one child; 6th, the presence of possible tumors, and 7th, the fullness of the bladder. In order to conduct the examination by palpation successfully and in a satisfactory manner, the following course should be pursued:

The woman is placed upon her back, the shoulders somewhat higher than the pelvis, the limbs properly flexed, the knees separated and drawn towards the abdomen to relax its muscles, the clothing removed from the abdomen, and, if propriety demands, the abdomen kept covered with the chemise, although this may interfere somewhat with the accuracy of the examination. The corset should be loosened, and the feet covered to avoid unnecessary exposure. The physician should warm his hands and disinfect them with a weak solution of carbolic acid, presuming he wishes

afterward to make an internal examination. After these preliminaries, the examiner will seat himself upon the side of the bed, his face turned toward the face of the patient, applying both hands, the fingers close together and extended flat upon the abdomen. On now making a slight pressure upon the abdomen with the whole hand, not with the tips of the fingers exclusively, an exact diagnosis of the position of the child in utero will be obtained. The sensation imparted to the fingers on pressing upon the gravid uterus is one which, from its peculiarity, is hardly ever forgotten if once felt.

The next and all-important question is to discover the location of any or certain portions of the foetus. To determine this, the position of the examiner must be changed by standing at the side of the bed, with his back toward the face of the woman, applying both hands to the sides of the symphysis pubis, the tips of the fingers directed toward the pubes and the wrist toward the umbilicus.

Before proceeding further, it will be necessary to make certain explanations in regard to what is meant when I speak of the large and small parts of the child. By the former may be understood its head, breech or back. By the small parts are meant the feet, the legs, the arms and hands. Now, with the hands in the position last mentioned, make sudden, gentle, downward and intermittent pressure upon the uterus with both hands or with the hands alternately, when the sensation of ballottement will be transmitted, or in other words, the impression is conveyed that a large part has receded only to return again to impinge upon the fingers after a short interval. Should the large part be fixed upon the pelvis, it may be easily diagnosed from its form, and, if it has entered the pelvis, the continua-

tion may also be as readily determined.

Before taking up the subject of the different positions of the child in utero and their diagnostic value as disclosed by systematic palpation, it will not be out of place to describe the various positions as taught in the German schools. By the *situs* of the child is meant the relation which its longitudinal axis bears to that of the uterus. By *position* we are to understand the relations of a certain part of the child to the uterus. By *habitus* the relation of the individual parts of the child to one another.

Therefore we have a longitudinal situs and a transverse situs.

LONGITUDINAL SITUS.

| | | |
|-------------------|-----------|--|
| Head | Occipital | First position—Back of fœtus to the left. Second position—Back of fœtus to the right. |
| | | First Position—Back of fœtus to the left. Second position—Back of fœtus to the right. |
| Pelvic Extremity. | Foot | First position—Back of fœtus to the left. Second position—Back of fœtus to the right. |
| | | First position—Back of fœtus to the left. Second position—Back of fœtus to the right. |

TRANSVERSE SITUS.

| FIRST POSITION. <i>Head to Left.</i> | SECOND POSITION. <i>Head to Right.</i> |
|---|---|
| First subdivision—Back forward. | First subdivision—Back forward. |
| Second subdivision—Back backward. | Second subdivision—Back backward. |

In the longitudinal situs the position of the child is determined from the relation of the back of the fœtus to the uterus. In the transverse situs, from that of the head to the uterus. In view of the position here given, we are now in a condition to intelligently illustrate the method of examination best adapted to each individual position. First of all it will be necessary to determine whether the situs is longitudinal or transverse. Stand at the side of the bed with the back

turned to the back of the woman, applying the hands to both sides of the symphysis pubis, the tips of the fingers directed toward the symphysis and the wrist toward the umbilicus. By means of the pressure mentioned above, if performed with care, it will be easy enough to recognize a large part lying movable or fixed upon the pelvis. In the former it will float and respond to ballottement.

Having found one of the larger parts in the lower segment of the uterus, the other will be found in the fundus. In order to find it, sit upon the side of the bed, your face to the face of the woman, and apply both hands in the manner already described. The question then arises, after the discovery of a longitudinal situs, and must next engage our attention, whether is the presentation one of the head or of the breech.

The head presents to the touch the form of a hard, globular body, equally curved, devoid of any prominences. It is extremely movable and easily responds to ballottement; the neck isolates it from the body. Upon the authority of Fasshender, a parchment-like crackling of the cranial bones may be felt. Occasionally the occipital proturbance may be felt. The breech is broader, softer and difficult to ballot, more pointed and continuous with the body.

To determine the position of the back is of next importance, whether it is the first or second. The back is felt as a large, broad, smooth and uniform surface. Frequently the spinous processes may be felt. The extremities may be located as small, round and irregular-shaped bodies. They are easily displaced and often moved from their position spontaneously.

To make a summary review on the different positions here advanced, for the purpose of establishing the value of a method as yet imperfectly known

in this country, I here would offer the following:

First Head Presentation—Head and feet above the symphysis pubis; breech in the fundus uteri; back of the fœtus to the left side; small parts to the right; the fœtal heart is heard in the lower part of the left side, somewhat externally, and but seldom in the *linea alba*.

Second Head Presentation—Head above the symphysis pubis; breech in the fundus uteri; back of the fœtus to the right; small parts to the left; fœtal head corresponding to the fœtal heart. In the left half of the thorax, to the right, seldom externally to the *linea alba*.

Face Presentation—In the face presentation the chin is removed from the thorax of the child and the occiput thrown upon the back of the fœtus, causing the thorax to lie very far on the side opposite to the back of the child. The heart sound as well as the small parts are perceived there.

First Face Presentation—Head above symphysis pubis; breech in the fundus and on the left side; back to the left; small parts to the right; heart sounds somewhat to the *right* of the *linea alba*. On the left pubic arch the protruding occiput may be felt, whilst the other side presents no prominence to the touch.

Second Face Presentation—The reverse of the first.

First Breech—The round-shaped head is in the fundus uteri; breech and feet in lower part of uterus; back to the left; small parts to the right. Auscultation ought to be executed with the greatest care. It is usually the loudest near the part where the head is situated.

Second Breech Presentation—The reverse of the first.

Transverse situs is recognized by large parts that ballot on both sides of the uterus. The fundus, as well

as the region above the pubis, empty, and it is possible to palpate more or less between symphysis pubis and lower uterine segment. The first and second positions depend upon the side where the head lies. These two divisions are again subdivided when the back of the fœtus can be felt forward or is situated backward. Best determined if small parts can be felt.

First Position—Head to the left; breech to the right.

First Subdivision—Back forward.

Second Subdivision—Back backward; small parts to the left.

Second Position—Head to the right; breech to the left.

First Subdivision—Back forward.

Second Subdivision—Back backward, small parts to be felt.

The heart sounds are perceived the loudest near the side where the head is situated.

The diagnosis of twins under some circumstances may be difficult. A large abdomen, a great number of small and large parts can be felt, or two fœtal heart-sounds differing in frequency and heard at two different positions by different persons. The woman may cause her abdomen to contract. To divert her mind from the examination, it is recommended to direct her to respire deeply or to count, making the desired pressure during the act of expiration.

The advantages of the method of external examination of the German school may be summed up as follows: Internal examinations do not reveal the position of the child during the months of gestation, because the os uteri may be closed and the presenting parts are not within reach for digital examination, and even during the first stage of labor, when the os may be dilated, the bag may be so distended or the presenting part so swollen that it is not possible to form any correct idea as to the true posi-

tion of the child. But by means of external examination the position may be disclosed as soon as the sixth or even the fifth month, and further any malgestation may be detected, and the fact being known the position of the child may be rectified, for example, by making of a breech or transverse presentation a head presentation simply by external version, which is easily performed.

Rupture of the uterus, abdominal pregnancy and tumors may be detected by abdominal examination. Uterine fibroid feels hard; on the other hand, the enlarged uterus feels doughy and peculiar. The act of palpation occasionally produces slight and weak contraction of the uterus, proving again a valuable sign that the body is the uterus and no foreign tumor. During these contractions, which are always of short duration, the examination should be suspended.

Abdominal pregnancy in the earlier months may be difficult to diagnose, but it is easier in the later. Besides the enlarged uterus you find an enlarged tumor, which by abdominal examination gives you the foetal heart sounds and perception of different parts of the foetus.—*Chicago Medical Times.*

ON THE EFFECTS OF IMPURE MILK UPON CHILDREN.—J. S. Walker, M. D., St. And., F.R.C.S.E., reports the following in *London Lancet*.

Since the discovery by Dr. Ballard that milk contaminated with sewage water caused typhoid fever, the attention of the whole profession has been directed to the subject, and there is little doubt that many other affections are produced from the same cause.

If these few observations direct the attention of my medical *confreeres* to this important subject, my investigations will be amply paid.

In 1869 there were no less than eleven cases of follicular stomatitis in one sub-district of this town; five were under my care, and four under the charge of the late Mr. Burns. We examined each other's cases, and on investigation I found that four of the cases under my own charge and two of those under the late Mr. Burns were all supplied by one farmer, whose cattle was suffering from the foot and mouth disease, and the remaining five were supplied by a milkseller, one of whose cows was suffering from the "gargles," as it is popularly termed, which, I may explain, is simply an inflammation of the lactiferous tubes of the teat, through which it is difficult to milk at the first onset, and the teats mostly bleed when the dairyman first begin to milk a cow so affected; very often a tube is used to open the ducts, but whatever procedure is adopted, oftener than otherwise the cow loses that "quarter." This is a species of "Aden-emphraxia" (stoppage.) It can easily be understood by any one who has not seen such a case how the milk is rendered impure by an admixture of blood, etc., I have not been able to secure such a sample of milk since my attention has been directed to it, or should have very much liked to have had an analysis made. Several of my friends, (veterinary surgeons) have promised to apprise me when they had a case under their care but they all state that these cases are generally kept very secret, and that all cowkeepers and farmers imagine that they can treat them themselves successfully. I will defer any further remarks until after considering the next class of cases.

DIPHTHERIA.—Last year two cases of this disease came under my notice,

and my attention was drawn to the milk, as both cases were supplied from the same "shop," and on inquiry I visited the farm house from which it came, and a more disgracefully dirty place never fell my lot to visit. The pigstyes were adjoining the dairy; the milk utensils were brought home closed up and not washed out until the night's milk was brought into town. One large can I opened smelt very offensive. Last September two deaths occurred in this town from the same cause, and on inquiry I found that the milk supplied came from a farm some two miles away. On visiting it I found that the milk utensils were washed in water from a pump impregnated with sewage. The following is an analysis of the water, kindly made for me by the borough analyst, clearly showing how the milk was contaminated.

ANALYSIS.—Total solid residue 20 grains per gallon; total chlorine, 1.1 grain per gallon; nitrogen as nitrates and nitrites, 4.5 grains per gallon; free ammonia .045 parts per million; albuminoid ammonia, 24 parts per million. The above sample of water is decidedly unfit for drinking purposes, as there is evidence of serious contamination. By the above data it would appear that the source of contamination has been removed, but the evil effects are still present in the sample.

First, as to the usefulness of this letter. Any one might say "one swallow does not make a summer;" quite true but it directs the attention of the whole profession to the subject, and where a case of stomatitis occurs first obtain a supply of milk from another source. This is the first step in the treatment, and it is really remarkable how soon an intractable case becomes amenable to curative measures, as often the simple cases run on to the more malignant forms of noma, and if any one is able to

carry my investigation still further they will have done some good.

On inspecting premises, after many years' experience, I have scarcely ever been able to find a sufficient insanitary condition on the spot to have been the cause of the outbreak in the case of diphtheria; but during the last two years I have always been able to find that the inmates of the house where a case has occurred are invariably supplied with a bad quality of milk. Now the important lesson to be learned is that all local authorities should obtain their supply of milk for analysis not from the shopkeepers, but from the little farmers who bring milk into the town, and when it is found impure the information should be given to the rural nuisance inspector, so as to enable him to visit the farmhouse whence it comes, and ascertain the purity of the water supply.

HOW LONG SHALL WE SLEEP?—

The amount of sleep required by man is generally proportionate to the waste of vital strength, whether by muscular exertion, or mental activity (or emotion), or by the process of rapid assimilation, as during the first years of growth and during the recovery from an exhausting disease. The weight of a new-born child increases more rapidly than that of a eupeptic adult, enjoying a liberal diet after a period of starvation, and, though an infant is incapable of forming abstract ideas we need not doubt that the variety of new and bewildering impressions must overtask its little sensorium in a few hours. Nurslings should, therefore, be permitted to sleep to their full satisfaction; weakly babies, especially, need sleep more than food, and it is

the safest plan never to disturb a child's slumbers while the regularity of its breathing indicates the healthfulness of his repose; there is little danger of his "oversleeping" himself in a moderately warmed, well-ventilated room. Never mind about meal times; hunger will awaken him at the right moment, or teach him to make up for lost time. Three or four nursings in the twenty-four hours are enough; Dr. C. E. Page, who has made the problem of infant diet his special study, believes that fifty per cent. of the enormous number of children dying under two years of age are killed by being coaxed to guzzle till they are hopelessly diseased with fatty degeneration.—DR. FELIX L. OSWALD, in *Popular Science Monthly* for July.

GANGRENE OF THE FEMALE GENITALS IN TYPHOID FEVER.—M. Spillman, in the *Archives de Médecine*, calls attention to this heretofore unmentioned complication, which is more common than one would suppose at first sight. It is produced in different ways, often commencing with inflammation of the vulvo-vaginal gland. It most frequently accompanies the adynamic form of the disease in which we have involuntary emission of urine and fæces. The base of the labia majora being constantly bathed in a septic liquid, their mucous surfaces are macerated, and it requires but a slight erosion to give rise to the phenomena of a local infection which invades the excretory duct of the gland. Light cases end with inflammation and suppuration of the gland; but in graver cases where general nutrition is affected, this partial ab-

sorption might result in gangrene of the parts. In the majority of cases these conditions pass unperceived; developing insidiously, they have made considerable progress and irremediable ravages before coming under observation. M. S., mentions simple œdema, diphtheria of the vulva, gangrenous abscess of the vulvo-vaginal gland, partial or total gangrene of the vulva, and gangrenous destruction of the recto-vaginal septum and the interior of the uterus. These different forms may be divided into the benign, limited, localized, characterized by simple gangrenous abscess or patches, and the grave, invading from the start a large portion of tissue. These accidents obtain only after the fifteenth day, the most serious consequences being recto-vaginal fistula, contraction and atresia of the vagina with retention of the menses. Prognosis is therefore grave, the local tumefaction leads to pain, increase of the fever and insomnia, death supervenes in two-thirds of the cases. In the lower type of the fever the parts should be daily examined; if there are involuntary emissions, multiply precautions, making rectal and vaginal antiseptic injections. As soon as the least erosion or excoriation becomes visible, protect them with absorbent cotton. If specific ulceration is suspected use an iodoform ointment. Use, if necessary, vaginal dilatation to prevent contraction of its calibre.

DRAINAGE IN RUPTURE OF THE UTERUS.—Another rupture of the uterus successfully treated by drainage is reported. The fœtus was dead and was decapitated to facilitate delivery; the uterus was ruptured at the

place occupied by the head. The placenta was removed from the abdominal cavity into which it had fallen, when the edge of the liver might have been touched. A drainage-tube was placed in such a manner as to draw the ruptured spot only; ice-bag and moderate pressure by means of an abdominal bandage applied. A month after the restoration was perfect.—*Obstetric Gazette*.

OVARIAN CYST ACCOMPANIED BY UNCONTROLLABLE VOMITING.—Prof. Bohm reports the case of a woman 26 years old, who six months previous noticed an enlargement of the abdomen. Soon after vomiting set in, being worse at night, and in the recumbent position. Unable to retain food she became emaciated and so weak that she was obliged to keep her bed. Examination discovered a soft, smooth-walled, distinctly fluctuating tumor about the size of a man's head, situated principally upon the right side; uterus normal; vomiting resisting all therapeutical and dietetic treatment. The cyst was punctured, and a quart of brownish fluid containing blood corpuscles, lymphoid cells and cholesterin crystals obtained. No return of the vomiting.—*Ibid*.

DISEASES OF THE EXTERNAL EAR.

BY

ROBERT T. COOPER, A.B., M.D.

The external ear, covered as it is with a fine and most delicate skin, is more than ordinarily subject to eczema, and particularly so the back

part of the auricle, where it folds over upon the mastoid process. This auriculo-mastoid fold is very frequently the seat of an eczema in young children, and by some there is supposed to be a connection between this eczema and pulmonary tuberculosis, the one being said to alternate with the other; but in truth the connection is fanciful; these are in no closer pathological relationship than is one catarrhal affection with another.

Such an eczema you will succeed in curing when occurring in children by giving *Calcarea Carbonica* in the third decimal trituration, while intercurrently you administer a few doses of *Rhus Toxicodendron* in a low potency. The more scrofulous the children, the more available will this prescription prove; and along with these, especially if there be an eczema (the old *intertrigo*) of the anus or scrotum, you should order as a local application an infusion of *Calendula* mixed with one-third of Price's Glycerine. Should the child's motions be clayey and passed with straining, order an intercurrent dose of *Mercurius Solubilis*. There is but one kind of application for these raw surfaces that in any way equals the *Calendula*, and this is Castor Oil, and it certainly relieves pain by its bland and soothing properties in a most wonderful manner. In the adult this post-aural eczema proves very much more obstinate than in the child: here *Graphites* and *Arsenicum Iodidum* have to be given internally, while lotions of *Liquor Carbon. Deterg.*, with Glycerine, are applied locally.

Eczema, as well as erysipelas, constantly recurring, leaves the auricle thickened and swollen, and the meatus becomes partially, and sometimes even entirely, closed—a condition that proves singularly rebellious to treatment.

A bloody tumor sometimes forms

upon the auricle, generally upon the antihelix, and which is remarkable in being so often met with in lunatics, but which is found to be almost invariably produced from blows upon the ear; the technical term for it is *Hæmatoma Auris*, and I mention it in order to direct your attention to *Hamamelis* as its remedy.

A woman with severe pains affecting the entire head, but in particular the vertex, told me that a former attack, which had lasted for some weeks, ultimately went away with an intensely inflamed condition of the auricles, followed by a most profuse watery discharge, and after being some days under treatment, her present attack disappeared in a similar manner. The vertical headaches of the climacteric epoch of woman's life are very often associated with hyperæmia of the auricle, and sometimes of the middle ear; *Apis* and *Lachesis* would be our remedies in these cases. When boils form upon the external ear, their most frequent site is either upon the walls of the auditory canal or in front of the tragus. Adults are sometimes liable to recurrent attacks of furunculi, and then these are remarkable for the persistent way in which they keep returning; otherwise the affection is mostly one of childhood, and is easily cured, while it depends upon situation whether pain is present or not, it being no uncommon thing for small boils to form underneath the cutaneous lining of the meatus, which from first to last occasion no pain whatever. The less we interfere with these boils the better, but should brain-symptoms threaten, puncture may be required.

There is one sign connected with these aural furunculi, as pointed out by me in the *British Medical Journal*, June, 1878, which, though very distinctive and important in a forensic point of view, has never to my know-

ledge been sufficiently noticed by any writer upon our ear diseases, and this is the peculiar stain left upon the pillow-case by the thickened and comparatively scanty discharge that helps to distinguish a furunculus from an abscess. The appearance presented by a pillow in the morning after a boil in the meatus has burst is such as to enable any one to divine the nature of the affection from which the child has suffered, for the pillow-case will be studded over with stains so closely resembling small-sized buttons as to deceive the most clear-sighted at a distance. The thickened drop of discharge, falling unbroken in its descent from the canal, plops entire upon the pillow-case, on which the more liquid portion of the discharge spreads, leaving in the centre that which is inspissated; this dries, and in drying gives at a distance an almost exact image of the shank of a button, the surrounding stain rendering the appearance still more delusive.

The subjects of the affection being generally restless in their sleep, roll their heads about upon the pillow, so that by the morning it often happens that no two of the markings run together, but each one is separate, thereby making our comparison additionally striking.

These umbilicated markings, especially if there be many of them, cannot be mistaken for any disease-stain that I know of.

The treatment for boils is based upon the same principles as were laid down for abscesses, though here we gain even greater help by inquiring into and prescribing remedies in unison with the prevailing disposition to disease manifested by the patient; and the throat, nose and teeth must be carefully examined in our search for the cause. The external ear in some instances is exquisitely sensitive to impressions of cold. In a woman

I lately met with, the slightest draught of air blowing upon the ear produced—what? An ulcerated condition, not of the ear, but of the throat, so much so as to oblige her to keep her ears continually covered. Such cases point to the intimate sympathy between the ear and throat, and establish the necessity of protecting the ear from cold where any obstinate disposition to throat affections exists. As a protective measure in these cases it generally suffices to paint the meatus, and if need be, the auricle, with glycerine or some unctuous substance.

In old-standing middle-ear catarrhs we sometimes find the auditory canal so swollen as to prevent our obtaining a proper view of the membrane, and although this tumefaction of the canal may subside by treatment, it does not necessarily follow that any sequential improvement in hearing will result. At least this accords with my own experience.

In days gone by many of the children of the Irish poor used to be carried off by Pemphigus gangrenosus (*Rupia escharotica*), or the child's evil, as it was called, the sores of which used generally to appear as large bullæ behind the ears and upon the auricles. You will see an account of it in Erasmus Wilson's work on diseases of the skin.* Dr. Whitley Stokes, who first described it, recommends as its remedy the Scrophularia Nodosa, our well-known figwort. Now, I have never met with this precise affection, but I have with irritating vesicles on the lips and cheeks that must have nearly resembled it, and in all of them I have found the Scrophularia Nodosa, used as a lotion, to prove curative. In one of these the vesicle on the lower lip, with its inflamed base, had been condemned to excision.

In the number of the *British Journal of Homœopathy* for July, 1878, p. 264, a case of "Pemphigus neonatorum," in an infant of ten days old, is taken from a German periodical, which was cured by Mossa with *Ranunculus Bulbosus* 1c. The vesicles did not begin upon the ears in Mossa's case.

And this will be a good opportunity for giving a few hints upon *Politzer's method of Eustachian-tube inflation*, and which was suggested to Professor Politzer by the anatomical observation of Toynbee, that during the act of swallowing the throat openings of the Eustachian tubes dilated, and so, becoming patulous at this particular moment, allowed of the admission of air. Taking advantage of this circumstance, Politzer proposed, by compressing an india-rubber air-bag having a pipe that fitted into the nostril, to send a jet of air along the floor of the nose while the patient was in the act of swallowing, in a way such as would secure its entrance into the Eustachian tubes. This he did by directing the patient to take a sip of water in his mouth, and then, at the moment the surgeon compressed the bag, telling him to swallow, and so obtain the muscular effort necessary for the proper opening out of the tubes.

To mention the many modifications professing authorities have proposed as improvements upon this eminently simple procedure would be amusing were they not puerile, and even nonsensical in the extreme. Better let us give you a hint or two upon its performance. In the first place, procure from the instrument-maker a perfectly simple india-rubber bag, with an ivory or vulcanite pipe, upon which fits a plain piece of india-rubber tubing. Do not allow him to give you a bag that possesses a valve or any so-called improvement; the only real improvement upon this in-

* "Diseases of the Skin. London: John Churchill. 1857.

strument being that I have myself suggested, where the tubing attached to the bag is forked at the extremity so as to fit into *both* nostrils. This admits of our passing a current of air up one or both nostrils, the former effect being secured by keeping one of the nasal pieces against the outer wing of the nose while in the act of compressing the nostrils.

Well, then, before using such a bag, direct the patient to blow his nose; this for very obvious reasons; next, tell him to take a sip water, and then, having inserted the forked extremity of the tube into both nostrils, and having by means of your left finger and thumb compressed them sufficiently to prevent any return of air, telling him to swallow, you, with your right hand, are to grasp the bag firmly, and so eject the air along the floor of the patient's nose.

Simple and perfectly painless as is this operation, in very nervous patients it is liable to be attended with very pronounced effects. Timid girls will often faint under it; but, if they do, I have no hesitation in saying that in all probability yours will be the fault. You have not gone about the operation sufficiently quietly. You must use much gentleness as well as firmness, and, instead of employing any great force, with, at first, a gentle and gradual compression, send a stream of air along the nostril. And, indeed, you will find the operation much more effectual if you use the precaution to act slowly and gently; the somewhat gradual compression of the bag seems to be more effective, at any rate on performing it for the first time upon a patient, than if great force is used.—*Ibid.*

Attention is called to advertisement of City Practice wanted, in another column.

THE EFFICACY OF BRY. 200.

BY

N. C. RICARDO, M. D.,

Passaic, N. J.

CASE 1.—(See *American Homœopath* for February, case of incipient phthisis).

CASE 2.—Mrs. P. K. has had a very severe, hard cough for the past month. Cough rather loose, but very little expectoration; cannot rest at night for the cough. Bry. 200 every two hours.

NOTE.—That night she rested well; better than she had for two or three weeks previous. The following day her cough was much better, and after the second day the cough was entirely gone. No other than the one prescription above recorded was given.

CASE 3.—*March* 27, 1881.—Mr. P. N., age 20, has a severe cough, with pains on chest. Phos. 200, every morning and evening.

April 3.—Not so well; cough worse; there is now soreness and pain on the chest when coughing; cough worse by times, with easy yellow expectoration during the day. Bry. 200, one dose; S. l. every morning and night.

April 10.—Is feeling very well.

CASE 4.—*March* 28, 1881.—Mr. H. C. Frequent urination, with backache. Canth. 200, every two hours.

March 29.—Does not urinate near so frequently, but the backache continues. S. l. every two hours.

March 31.—No further urinary difficulty, but his backache is very troublesome, especially when moving about. While at rest it does not trouble him much. Bry. 200, one dose.

April 1.—Has had very little trouble with his back to-day. S. l. at night only.

April 3.—His backache is all gone.

CASE 5.—*April* 4, 1881.—Mr. J.

W. has been confined to the bed with acute rheumatism for two days past. Very acute pains in the knees, abdomen and back; aggravated by the slightest motion. Bry. 200, every half hour.

April 5.—After taking the third dose of medicine yesterday he felt himself growing better. He rested very well during the night, and this morning is very much improved. S. l. every two hours.

April 7.—The pains are all gone from the legs, but in the back it is bad yet. Cannot get in any comfortable position. Rhus. 200, every two hours. He is up and about the house.

April 9.—He is feeling very well, but still has an occasional pain. Sulphur 200, one dose, to be followed by Rhus. 200, one dose this evening.

April 12.—I met my patient on the street to-day, and his only complaint was an occasional pain in the right side. (He had been helping some people to move). Bry. 200, to take one dose whenever he felt any pain.

(NOTE.—To get a helpless rheumatic patient out of bed in two days, and to work in one week's time from the commencement of treatment, is speaking volumes for the efficacy of the 200 attenuations).

CASE 6.—*April 14, 1881.*—Master C. R., age 14, has had a severe aching pain in the right side for the past three days. It is better while at rest and worse from moving about. The pain extends around to the back. Has no cough, but his mouth is dry, and must drink occasionally. Bry. 200, one dose; S. l. every three hours.

(NOTE.—This was in the evening. The next morning he awoke without any pain, and has had none since. He has kept to his work daily in the mill).

These are only a few cases to illustrate the efficacy of Bry. 200. Very

many noteworthy instances could be recorded to establish the same premises were I to search my case book. However, I have taken recent cases just as they have occurred to me in writing these notes.

I sometimes find myself soliloquizing, can there be virtue in these dry pellets? and when I look at the result I feel ashamed, in that I should think that the curative virtues of a remedy lay in its closest amalgamation to the crude material.

During the past two months cholera infantum has been prevalent in this section, and I have taken the occasion to thoroughly test the merits of Lactopeptine as a remedy, and the result has been so satisfactory that I take pleasure in heartily commending the preparation.—*Dr. Burnett.*

EXTRACTED WITH A MAGNET.—Dr. Geo. Rueling, the well known oculist of Baltimore has performed a new and interesting operation upon the eye of a boy about fourteen years of age. The operation consisted of the removal of a piece of steel from the posterior chamber of the eye by the use of a powerful magnet. The eye being full of blood, and the foreign body invisible the oculist enlarged the wound created by the steel and introduced the apex of the magnet between its lips. The piece of steel was attracted to the magnet and successfully removed. The absorption of blood took place very rapidly and the wound healed in a few days.—*Baltimore Sun.*

New York Ophthalmic Hospital for Eye and Ear, report for the month ending July 30th. Number of prescriptions, 3,661; number of new patients, 569; number of patients resident in the hospital, 10; average daily attendance, 141; largest daily attendance, 181. CHAS. DEADY, M. D.

Resident Surgeon.

"For the past few months I have recommended Phillips' Cod Liver Oil and Wheat Phosphates in general debility of the system, the result of pulmonary disease, and nervous exhaustion; I have found the preparations particularly serviceable."—Dr. McDonald in *Lancet*.

The members of the International Homœopathic Convention at London were entertained by a number of resident physicians on July 15 at a dinner in the Criterion Restaurant, at which Dr. Helmuth, of this city; Dr. McClelland, of Pittsburgh, and Dr. Foster, of Chicago, made responses to regular toasts.—*N. Y. World*.

POWELL'S BEEF, COD LIVER OIL AND PEPSIN has attained popularity as a nutrient in a remarkably short time. The combination is a good one, and the manufacturers have an enviable reputation as a reliable and honorable firm.—*Cincinnati Lancet and Clinic*.

Ezra W. Hamilton, M. D., class of '81, New York Homœopathic Medical College, has located at Perth Amboy, New Jersey.

"I am very pleased to bear testimony to the great value of Maltine. I prescribe it extensively, and with the best results, especially in anæmic conditions of the system, with much stomach irritability, which it seems to allay very speedily."—J. W. NORMAN, M. B., F. R. C. S., Edin.

NERVOUS CHILDREN.—Dr. Clouston, in a medico psychological study of puberty and adolescence, states it is his experience that children predisposed by heredity to nervous disorders, are in general inordinate consumers of meat. Masturbation is much more common among these children, and is indulged in to mental and physical ruin. He has often seen a farinaceous diet produce very favorable effects in the nervous excitability of these children.—*Journal de Med., et de Chir. Prat.*

BROM-ACNE IN A SUCKLING.—Prof. Kaposi presented to the Academy of Medicine a high degree of brom-acne occurring in a nine month's old suckling, whose mother had taken about 120 grammes of bromide of potassium in two months. The mother had no acne; and, although she had taken none of the medicine in fourteen days, the child's acne increased.

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VAGINISMUS.

BY

WM. H. LOUGEE, M. D.

Lawrence, Mass.

In the January number of the HOMŒOPATH I read an article from the pen of Ely Van de Worker, in which I became deeply interested, because the statements put forth in his article did not agree with my experience. Therefore, I send you a very hastily sketched report of a case of vaginismus which came under my observation and treatment. Ely Van de Worker states that in vaginismus the male is virile, and that in order to cure the case husband and wife must be separated for one year or longer. In my case the husband was not virile, and the parties were not intentionally separated, and were not separated more than four week at one time.

In June, 1880, a lady from an adjoining state consulted me in regard to a serious trouble which had affected her ever since her marriage, twenty-three years ago. During these twenty-

three years she had lived with her husband, but during all these years the act of coitus had never taken place. I learned that she had been under treatment for one whole year by a Professor in one of our distinguished colleges, but who preferred not to cure at all rather than not to cure with a very high potency, consequently she received no benefit at all, and, to use her own language, wound up the year worse than she began it.

Upon examination I found, vulva, meatus and urethra normal; found upper part of perineum covered with thousands of miliary warty excrescences, every one of which was a sensation as a granulation upon a granulated lid. After this, thought I would explore the vagina, but when I attempted to press the index finger into the vagina I found resistance so great that it required much force, and persistent force, to pass the finger into the vagina. In a few seconds after having passed the finger into the vagina, the contractions of the vagina became so violent and so painful to the finger,

I was obliged to withdraw it. Just inside of the entrance to the vagina the mucous membrane seemed very irritable, beyond that the vagina seemed normal, with the exception that there was a sagging of the bladder through the anterior vaginal wall. It seemed to me that my course was to destroy all the vegetations on the perineum and around the orifice of the vagina. To accomplish this purpose I made several applications of Chromic acid (twenty per cent. solution) After a few applications the miliary warts all disappeared, after which I made several applications of Picric acid to the inflamed surface in and around the entrance to the vagina. After three or four applications of this acid all redness and soreness disappeared. Having accomplished so much, I thought I could accomplish the rest by the use of glass dilators, consequently I introduced one of the smallest sized dilators, which requires a good deal of force, and held it in position by a bandage. But in a few minutes the contractions of the vagina became so painful that the patient grew frantic, and I was obliged to remove it, which I found also required considerable force to remove. After this attempt patient was allowed to remain quiet for a few days, using in the meantime warm water injections. After several days had elapsed I made another attempt, by introducing the same sized dilator, but followed its introduction by a good dose of Chloral hydrate, which partially controlled the vaginismus for a couple of hours, after which ordinary doses of Chloral did no good, and, patient again growing frantic with pain, dilator was again removed. After making some half dozen attempts at dilatation, I came to the conclusion that I must resort to the knife.

But, before resorting to that, I decided to try electricity. Attached the negative pole of one of Hall's batteries

to a vaginal applicator, and after much effort succeeded in pushing it into the vagina, where it was held as firmly as one could have held it in the hand, then applied the positive pole to the sacrum and turned on the current. In about three minutes, while conversing with patient, I heard something drop on the floor, which, upon investigation, proved to be the vaginal applicator, which three minutes before was held so firmly by the vaginal contractions. I immediately examined the vagina and was again surprised to find that all the vaginismus which had existed for so many years had disappeared. I again readjusted the applicator and continued the current for five minutes longer, when I introduced the largest sized glass dilator and held it in position with a bandage, and sent patient to her room. This dilator the patient wore all night without the use of any narcotic, and without pain; made several more applications of electricity as heretofore described, allowing patient to introduce and remove dilator herself. The three months being gone, I allowed her to return home with the assurance that she was completely cured of her vaginismus.

Two weeks after reaching home she wrote me that she was still feeling nicely, and that her campaign in L. had proved a perfect success. All I have to say, by way of remarks, is that many cases cannot be cured by drugs alone, and that when we resort to proper means the cure becomes, comparatively speaking, very easy. We believe that the disease in our patient was situated in the sacral ganglia of the sympathetic, and not in the virility of the husband; consequently, when the cause was removed, which existed in the woman, coitus took place without further trouble. This patient inherited a weak, nervous organization, was a class student

for many years, and when married suffering from nervous exhaustion.

MECHANICAL VIBRATION AS A THERAPEUTIC AGENT.

BY

GEO. H. TAYLOR, M. D.,
New York City.

The therapeutic effect of mechanical vibration now claims attention from European sources. The magnifying effect of distance and of foreign origin will probably produce the effect of promoting inquiries of both physicians and others as to the meaning and possible value of the seemingly new mode of cure for *nervous complaints*, since it is practically conceded that in this direction therapeutics are sadly at fault.

The *Popular Science Monthly* quotes, in its miscellany department, the remarkable results of investigation of M. Boudet of Paris, and Dr. J. Mortimer-Granville, on the application of mechanical vibrations as a remedy in neuralgia.

According to the article referred to, the experiments of these two inquirers were conducted separately, at different times, by different methods, and without each other's knowledge.

"The publication of M. Boudet was earliest in time; but Dr. Mortimer-Granville has been prosecuting his researches for several years, while he intended to withhold the results from the public till the efficacy of the new remedy could be fully established. The publication of M. Boudet has, however, made it necessary for him to describe his own views and experiments so far as he has gone although he considers them imperfect. His first mechanical experi-

ment consisted of tapping over the fifth nerve, in ordinary facial neuralgia. The results were "very remarkable." He then devised an instrument capable of delivering a known number of blows per second. The operations of the instrument were remarkable, although they are not yet considered decisive as to its efficacy." The reason for which is capable of explanation, as will appear further on. "In numerous instances pain was arrested by its application, and did not return. When applied over a healthy nerve, which was so situated as to be thrown readily into mechanical vibration, it produced a sensation like that caused by the passage of a weak, interrupted current of electricity, changing, when the action was prolonged, into a sensation of tingling, then numbness, and finally into some twitching of the superficial muscles. A nervous headache or *migraine* could be produced by an application to the frontal ridges, or the margins of the orbit. In some instances, where pain existed, the sensation was aggravated by an augmented state of the vibration into which the nerve was thrown by the shaking of the adjacent tissues."

These statements indicate that the experimenter has not yet learned the conditions controlling the power in question sufficiently to be able to assure its desirable and avoid the undesirable effects; that it is, in fact, a power capable of misdirection, like every remedial agent.

"M. Boudet relates in his paper that by the aid of a large tuning-fork and sounding-board he caused hemianæsthesia to disappear; provoked contractions in hysterical patients at the Salpêtrière as rapidly as with the magnet or electricity, and subdued the pains of an ataxic. With a modified instrument he was able to produce local analgesia, often

anæsthesia in a healthy man, or a sensation of approaching vertigo and a *desire for sleep*. An attack of *migraine* could be cut short by the application. Neuralgia, especially of the fifth nerve, disappeared after a few minutes application of the instrument, but it was more difficult to get good results with deeper-seated nerves."

The facts now known to exist relating to the anæsthetic effect of mechanical vibrations are imperfectly stated in the above quotations. This incompleteness may be accounted for on the supposition of imperfection and lack of variety in the instrument employed for transmitting motion to vital parts; to deficiency in the mechanical energy really transmitted, and to incompleteness of the experiment in various particulars.

There is really no problem of physiology more susceptible of easy and complete demonstration than the anæsthetic effect of mechanical vibration on healthy parts. Indeed, so completely is sensation annulled in parts submitted to this agency that there is no doubt but, were other essential mechanical conditions capable of simultaneous fulfillment, the capital operations of surgery might be painlessly performed under its anæsthetic influence. The writer has many times witnessed the production of extended abrasions of the skin, and otherwise painful injuries inflicted while the part was being submitted to vibration, without the least consciousness on the part of the subject.

Scarcely less complete and satisfactory is the abolition of pain in cases of local neuralgia, whether of the facial, or sciatic, or any other nerve. Sometimes, as stated, the pain is abolished at a single sitting; in other cases a more or less prolonged *specialized* use of the agency is required to secure permanent and satisfactory re-

sults. All depends on conditions, which only the practical physician who has studied the peculiarities of the agency in connection with peculiarities of the constitution of his subject can properly estimate and control. Untutored neophytes in this branch of therapeutics, constitutionally unadapted to investigation, will often fail through lack of being properly equipped. This class of inquirers will easily abandon the richest fields of inquiry, without perceiving the least degree of merit therein.

While the present writer gives corroborative evidence of the truth of the main conclusions promulgated by the authors above quoted, justice compels him to state, that though true, they are by no means new. A far more extended series of experiments than those indicated have been carried forward by him, and have not only afforded similar initial results, but these have been so successfully reduced to practice, that numbers of otherwise hopeless invalids, in various forms of nervous disease, have been actually and permanently restored by the agency here set forth as new.

More than ten years ago, several articles, written by the author, appeared in the *New York Medical Journal* (Appletons, publishers), elucidating the therapeutic principles having facts similar to the above as their basis, and their application in actual practice. These were the outcome of several *previous* years of experience, and, it may be added, of invention, relating to the different modes of transmitting energy to vital objects by means of mechanical vibrations. These articles gave details of the mechanism required, the effects of different degrees and rates of motion, modes of transmitting, conditions necessary, and efforts and success in a variety of cases cured, from an exclu-

sively therapeutic point of view. So much of theory was also included as seemed essential to establish a proper connection of effects with causes through physiological and other facts of science.

These articles were in part or whole copied in correct English medical journals, and quotations from them, giving a brief view of the original articles, were actually made by some of our own medical periodicals.

The substantial parts of these writings were afterwards adapted to answer the inquiries of invalids, and published in book form, under the title of *Paralysis and Affections of the Nerves, and their Cure by Mechanical Vibrations*. This is a small work now published by the American Book Exchange, at 764 Broadway, at 40 cents.

No physiological rationale of the facts stated appears to be given by the transatlantic experimenters. The theory, however, is suggested, that pain is the result of abnormal nervous vibrations, and that the operation of the vibrating instrument, that is, the communicated vibration, is to arrest such vibrations by opposing counter vibrations to them.

This theory is unsatisfactory, because it implies that a *definite rate* of vibrations needs to be communicated to produce the desired quieting effect. The requirement is opposed to facts—any rate *above* a certain minimum being found efficacious in increasing degrees.

It also implies that the effect of the application is limited to the *sensory* results; which is an assumption demonstrably the reverse of the truth. Indeed, it is believed to be demonstrable that the diminution of pain is the last of a series of processes beneficially influenced by the application, extending widely through the domain of physiology. In other words, that

the pain is abolished because the causes contributing to produce *conditions* producing it are removed, even though these be complicated and numerous; that the effect in question is the result of perfecting, in its way, the physiological processes, upon which all power, whether manifested by pain or as ordinary sensation, special or general, ultimately depend.

“MALARIA VS. BRAINS, OR SOIL
FOR INTELLECT.”

BY

W. H. TAYLOR, M. D.,

Crawfordsville, Ind.

[Read before the Indiana Institute of Homœopathy.]

LADIES AND GENTLEMEN: I beg your indulgence in calling your attention to a paper read before you at your last meeting with the above caption. I feel it incumbent on me to do so, as I feel that a fallacious conclusion has been arrived at by the writer of that paper, and one calculated to do much harm.

I will sum up his paper in his own words: “After many years of careful study, and a full survey of the field, the conclusion has been forced upon me that the soil has the largest percentage standing to its credit, as being the producing cause; or, rather, that a malarial climate prevents cerebral development and mental activity.”

Let us take a rapid view of the world's history and see how this conclusion is borne out. The birth-place of civilization is by general consent placed in the valley of the Nile. To-day the study of Egyptian archæology has been dignified with the rank of a distinct science, and Egyptology is

claiming the attention of learned men, and their revelations are calculated to cool the modern superciliousness that sometimes looks down with pity at the barbarians of the past. The ruins of Egypt excite our wonder and admiration for their massiveness and grandeur, and are worthy of careful study. For those who wish to learn the knowledge of the Egyptians 4,000 years ago I commend an article in *Stoddard's Review* for March, 1881, by John A. Seiss, D. D., which shows that in many of the arts and sciences, including the higher mathematics, they far surpassed even the ancient Greeks. Their attainments in astronomy were also very great. This was all accomplished in a comparatively short time—built up *de novo*—in a country with a tropical climate, on alluvial soil which was overflowed every year. And, further, to prove that it was malarious, I refer you to Aitken's "Science and Practice of Medicine," Vol. II., page 912, and to "Ziemssen's Cyclopædia," Vol. II., page 561. In the latter it says: "They" [malarial fevers] "are, furthermore, to be found in southern Nubia and the Upper Nile delta, at the junction of the two arms of the Nile, and especially on the banks of the White Nile; also in Egypt, particularly in Lower Egypt, occurring here again on the banks of the Nile and in the moist regions of the delta, and also extending along the coast of the Mediterranean Sea,"—that is, in fact, all of Egypt.

Civilization next extended to the banks of the Ganges. Mental philosophy anticipated there every phase of modern thought, even to evolution, long before the Christian era. Moral philosophy, too, attained as high an excellence as it ever has without a divine revelation. India, too, is malarious, many parts of it to a terrible degree. A medical officer of the

British army said: "European regiments in India have melted away like the spectres of a dream. A thousand strong men form this year a regiment; a year passes away and *one hundred and twenty-five new recruits* are required to fill up the broken column; and eight years have come and gone and not a man of the original thousand remains in the dissolving corps."—*Aitken's, Vol. II., page 923.* And on page 932 of the same volume: "*The endemic diseases of India, in the order of greatest prevalence are, paroxysmal fevers, continued fevers, dysentery, diarrhæa, rheumatism, ophthalmia, spasmodic cholera, sore throat and influenza.* Arranged in the order of comparative mortality the diseases are as follows: *Spasmodic cholera, dysentery, diarrhæa and continued and paroxysmal fevers.* These are especially the diseases of the sultry plains of India, and the fevers are especially the *paludal fevers.*" And yet malaria does not appear to have prevented the cerebral development of Gautama Buddha, "the Light of Asia," who devised the purest and most salutary religion that was ever originated by man alone.

The star of empire and of civilization next took its way to the banks of the Euphrates and Tigris, which were very fertile, marshy and subject to overflow. Farr says, "Ancient History," Volume III., page 34, that along the Persian Gulf, in certain seasons, the inhabitants fled, leaving their property to the care of slaves, owing to the extreme unhealthfulness. He also says, *loc. cit.* Volume II., page 29: "Babylonia, generally speaking, has a salubrious and wholesome air, though at certain seasons no air can be more dangerous." This region is the breeding place of the plague. Civilization made much progress in the empires which were conquered by the Medo-Persians, the greater part of whose country is mala-

rious, many exceedingly so, even high up in the mountains. They took up civilization where they found it and carried it forwards.

The Grecians then rose to the highest intellectual greatness that any people ever attained, soon after their successful resistance to the Persians. Was Greece free from malaria? I quote the following passage from the *Encyclopædia Britannica*, Volume XI., page 75: "Malaria prevails largely, from the neglect of drainage and the consequent creation of marshes in many parts, and the malaria causes fever, which is very fatal among children, and leaves debilitating effects in the adults, and altogether imposes a very serious check on the growth of the population of the country." Herty says, *Ziemssen's Cyclopædia*, Volume II., page 561: "Fever (malarial) is endemic in large regions, and often in a very malignant form, in the Island of Sicily, the Ionian Islands, Greece, &c." Aitken says, "Science and Practice of Medicine," Volume II., page 908, that malarial diseases in Greece "Sometimes occasion more than two-thirds of the average mortality." That malarial diseases prevailed in ancient Greece as well, is shown by the familiarity of Hippocrates with them. *Vide* "Aphorisms."

After Alexander carried his arms over the East he built Alexandria on the Egyptian delta, in which I have already shown the prevalence of malaria in a very malignant form. The new city immediately became the grandest seat of learning in ancient times and so continued till its library was burned by the Saracens.

Rome, the former mistress of the world, who, by her arms, literature and laws, did very much to civilize it, became its intellectual metropolis. Aitken says of her, Volume II., page 906: "Ancient Rome was once the

seat of so many fatal epidemics (malarial) that the Romans erected a temple to the goddess Febris. Not till the reign of the elder Tarquin was any attempt made to drain it. These works were carried on till the Cæsars." And, moreover, the Pontine Marshes, the other great cause of Rome's malariousness, were not drained till she had almost conquered the world. Nearly all of Italy was and is yet the favored abode of the goddess Febris.

But I must hasten. When Rome was invaded by the Goths civilization and learning fled to Constantinople, and there abode nearly a thousand years, while the rest of the world remained in darkness. Herty says, *Ziemssen's Cyclopædia*, Volume II., page 561: "Fever (malarious) is endemic over large regions and often in a very malignant form, in the Island of Sicily, the Ionian Islands, Greece and Turkey, including Bulgaria, Albania, Roumelia, Moldavia, Wallachia and the vicinity of Constantinople." So here again is malaria.

When Constantinople was taken by the Turks its learned men fled with their manuscripts to Italy, most of them taking up their abode in Venice and Genoa, both of which are very malarious. From them learning and civilization spread over Europe, but flourished better for some time behind the dikes of Holland, amid malaria.

I have taken a rapid view of the intellectual progress of the world, and by a strange coincidence every great station up to one or two centuries ago was malarious. Why is this? Is malaria favorable to cerebral development? No! But the *sine qua non* to the origin and development of intellect has been a genial climate and a fertile soil. The struggle for existence must not be too severe, or progress will be impossible. These conditions are usually accompanied by ma-

laria. In the old world and the new civilization always began in a tropical or sub-tropical climate, where man's wants were easily supplied and the returns from their primitive agriculture were ample.

Let us take our own country into consideration, situated in the new world, which was discovered by a native of malarious Genoa, with a crew from the malarious part of Spain.

I will not insult the intelligence of this scientific body by attempting to prove that it is only by sapping the physical can the mental be undermined. War is the severest test of the manhood of a nation. In the recent unfortunate struggle did Indiana and her malarious sisters Illinois and Ohio fail of doing their duty? Who were the leaders in the council and the field, who did the most to sustain the Union? Were they from New England, with her culture and refinement? or from the Middle States, with their commercial activity and keenness? Let us see. The first, our martyred President, whose childhood and up to middle age was spent in Sangamon county, Illinois, of which *vide* "Drake's Principal Diseases of the Valley of North America." That author says: "Springfield need not detain us long. Although the conditions requisite to the production of autumnal fever do not seem greatly to abound in the basin of the Sangamon, yet Dr. Lord, Dr. Henry, Dr. Merryman and Dr. Jayne, of Springfield, assured me of its prevalence; and during my sojourn in that city they offered me an opportunity of seeing intermittents as malignant as those which occur on the banks of the Tuscaloosa or Pearl, seven degrees of latitude further south." Next Grant, the greatest soldier since Napoleon. Born on the Ohio river and removed to Georgetown, Ohio, at five years of age, he was

in a malarious region till sent to West Point. Then follows the counsellor of Lincoln, the saviour of Kentucky, and the one who kept Indiana true to the old flag, and who earned the endearing epithet of "the soldiers' friend," our old war governor, Oliver P. Morton. Then the hero who cutting loose from all bases of supplies started for a tramp of a thousand miles through the heart of the confederacy, William Tecumseh Sherman. Then the hero of Winchester, the gallant Phil. Sheridan. By general consent the five names I have mentioned were the first men of the war, and all were from the three malarious States of Ohio, Indiana and Illinois. And were the boys, whose names, although unknown, are yet dear to the hearts of the American people who wore no shoulderstraps, any less efficient than those from the other states? Remember the western boys who won Donelson, who faced the leaden hail at Pittsburg Landing, who stood at Chicamauga and fought the enemies' overwhelming numbers while their blood reddened the River of Death, and when ordered to retreat wept and protested that they would rather die.

"Talk not of grief till thou hast seen
The tears of bravest men."

And when they climbed Lookout's rocky walls and fought above the clouds; and when they formed their lines and marched towards Mission Ridge as if on dress parade, and after accomplishing what they were ordered to do rushed up in the face of the enemy with no orders but from their own brave hearts; and when, with forty rounds in their cartridge-boxes, they turned their backs on burning Atlanta and their faces to the sea, as they laughingly said, to follow "Uncle Billy."

Tell me that malaria has weakened the mental powers of a people capable of such deeds! Away with the false

calumny! Hoosier brawn has been tried on a hundred fields slippery with blood, and Hoosier brain asks no favors amid the classic shades. Even now among the swamps we can point to our Kirkland, who as an astronomer has no superior.

But we are asked: "Do the annals of literature hold one single speech made by a malaria saturated man that is worthy of perpetuity, or of being studied by some rising Demosthenes? The orator of to-day is Robert G. Ingersoll, who was brought to the malarial state of Illinois when twelve years old. We may differ from him in his views on religion, but the fact still remains—in eloquence he has no equal. I pass over many names on the bright scroll of fame to Patrick Henry, whose daring eloquence aroused the colonies to throw off the British yoke and emulate the heroic deeds of Marathon; born and brought brought up amid the malaria of eastern Virginia. *Vide* "Ninth United States Census, Vital Statistics." But let us go further back. I have already shown you that Rome is malignantly malarious. Yet it was here that Cicero spoke those burning words that are and always will be studied as the models of eloquence. Or let us go to Athens, when her citizens had been enervated by luxury till they were ready to kiss the chains of Philip because they were gilded. Then Demosthenes carried his degenerate countrymen away on a torrent of eloquence, till they were ready to die for their country. The words of the orator had turned voluptuaries into patriots and cowards into heroes. I have already shown that sometimes the mortality from malaria in Greece is two-thirds of the average death-rate.

But the strangest part of my colleague's paper says coffee prevents malarious diseases. Was there ever such absurdity? Is there any prop-

erty in coffee, either chemical or medical, that antidotes malaria? Nothing whatever. On the contrary, it excites and weakens the system and thereby lessens the power of resistance. Permit me to ask any one who served in the army during the rebellion, when we had coffee three times a day and a canteenfull to march on, were we thereby enabled to dispense with the bucket of whisky and quinine, which we would have preferred with the latter left out? The question strikes every soldier as ridiculous.

In conclusion, Indiana has won honors in arms, and she is just as able to win them in arts. She has already produced a great statesman, and when she has more leisure she will bring forth inventors and railroad kings, jurists and scientists, historians and poets. And in the beneficent healing art why may not Indiana yet have sons to whom she will point with pride? But it will only be by incessant study and painstaking observation, not by lamenting that we are malarious.

A NEW FORM OF GALVANO-CAUTERY BATTERY, AND A NEW INSTRUMENT FOR THE TREATMENT OF NASAL HYPERTROPHIES.

BY

CARL SEILER, M. D.

Before giving a description of the battery and the galvano-cautery knife, I will pass in short review those conditions of the nasal cavity in which galvano-cautery is applicable and presents advantages over other caustics which have heretofore been used for the same purpose that electricity now accomplishes. It is not my intention, to read an exhaustive dissertation on nasal catarrh and its different forms:

I shall only point out those conditions of the disease in which I have found the use of the galvano-cautery knife to be the most satisfactory mode of treatment.

By far the greater number of cases of nasal catarrh which presents themselves for treatment are those in which on examination of the nasal cavities we find portions of the mucous membrane to be hypertrophied, thereby producing partial or complete stenosis of the nasal passages according to the extent of the hypertrophies. These swellings have been proved to be true hypertrophies involving the epithelial layer, the submucous tissue, and the cavernous erectile tissue, as well as the mucous glands, by microscopical examination, and may be situated at the anterior or posterior portion of the turbinated bones, at the anterior or posterior portion of the septum, or, finally, in the vault of the pharynx, in the so-called pharyngeal tonsil. Besides giving rise to partial or complete stenosis, this hypertrophied condition of the mucous membrane gives rise to the secretion of large quantities of thick, tenacious mucus, which cannot be discharged through the obstructed nostrils, and consequently flows back into the pharynx, necessitating a constant hawking to dislodge it on the part of the patient.

Clinically these different phases of the disease have been divided into pharyngeal hypertrophy if situated in the vault of the pharynx, posterior hypertrophy if found at the posterior portion of the turbinated bones or the nasal septum, and, finally, anterior hypertrophies if they occur on the anterior portion of the turbinated bones or the septum. This latter class is by far the most frequently found, and is the one for the cure of which I am in the habit of employing the galvano-cautery.

There can be no doubt that these swellings of the mucous membrane, even when small and apparently insignificant, narrow the breathing-space in the nostrils and give rise to many of the annoying symptoms of nasal catarrh, and therefore I hold it as my opinion that they should be removed. Their very nature at once precludes the possibility of reducing them permanently by internal medication or local application of astringents, and it has been clearly demonstrated, to my mind at least, that nothing short of actual destruction of tissue is efficacious.

In treating anterior hypertrophies I am in the habit of making incisions across them with the galvano-cautery knife, at a cherry heat, deep enough to penetrate the mucous membrane and enter slightly the cavernous connective tissue, making only one or at the most two incisions at one sitting. It is necessary that the knife should be at a cherry heat, for if it be hotter considerable bleeding will follow the incision, and if it be cooler a great deal of unnecessary pain will follow the operation. The effect of such incisions is to produce bands of cicatricial tissue, which in contracting bind down the hypertrophic mucous membrane, and so relieve the stenosis. The unreliability of the galvano-cautery batteries now in the market, the inconvenience attending their use, and the costliness of the apparatus, have deterred many surgeons from employing this agent for minor operations within the cavities of the body where it is very desirable that there should be little if any bleeding. I myself, on account of these difficulties, was not able to use galvano-cautery until I constructed a battery out of material at hand. It is larger and heavier than need be, owing to the thickness and weight of the plates which I had and

therefore used. The battery is one of carbon and zinc plates mounted on a board in such a manner as to give the greatest amount of quantity in the current. These plates are immersed in a liquid composed of sulphuric acid, bichromate of potassium, and water, contained in two large battery jars. The board to which the plates are attached is swung between two levers, which are fastened to a cross-bar running the whole length of the box containing the jars, and revolving in slits cut into the end boards of the box. Outside of the box two long levers are fastened to the end of the cross-bar, the one carrying a weight sufficiently heavy to counterbalance the plates with the board upon which they are mounted, and the other having attached to it a treadle. When the battery is not in use, the plates are lifted out of the fluid by the counterweight and remain suspended above the jars. By placing one foot upon the treadle and making pressure upon it, the plates are immersed and the current is generated.

This mechanism, besides being very convenient and doing away with the necessity of having an assistant to immerse the plates and remove them from the fluid, places the amount of current to be used, and consequently the degree of heat in the knife, completely under the control of the operator; for the more pressure is exerted upon the treadle the deeper are the plates immersed and the more electricity is obtained. I am indebted to Mr. Griscome, of the Dynamo-Electric Company, for the idea and application of this mechanism. Another great advantage in this battery over all others is the fact that it can be used frequently without a necessity of renewing the fluid, for the jars are so large as to hold a large amount of fluid, so that

it takes a long time before it becomes exhausted.

In using galvano-cautery for operations within narrow cavities, such as the larynx and nares, I found great difficulty in preventing the injury to other parts than those to be operated upon by the heat developed in the conducting wires of the knife, which usually are only covered with a thin layer of floss-silk. This readily burns off and leaves the wires bare, especially near the platinum loop, and, being of a black heat, may inflict very painful injuries to parts not intended to be burned. In order to obviate this difficulty, I searched for a substance with which the conducting wires could be insulated, and which would be at the same time a non-conductor of electricity and of heat, and found it in a substance called vulcanized fibre, manufactured in Wilmington, Delaware. The knife which I hand around has been in daily use for a number of weeks, and you see that the insulating sheath does not show the slightest trace of having been burned or injured by the heat, and when the current is passing making the platinum loop white hot, the sheath can be touched with the fingers without feeling more than warm.

WEEK · SPINES IN YOUNG GIRLS AND THEIR TREATMENT.*

*Read before the Philadelphia County Medical Society, December 15, 1880, by John M. Keating, M. D.

My intention this evening is to bring before you a subject that may at first appear a trivial one, but which more extended observation and careful study have led me to consider worthy of the attention of this society.

Thousands of young children are at this time bending over their books in the crowded school-room, straining their eyes, narrowing their chests, and bowing the back upon whose erectness and resiliency they should in future depend, not only for support, but for health—even life. A few years hence, these very spines, now strained, weakened, and probably curved, will be called upon without further preparation to bear the brunt of the great requirements of society, and soon after to be tortured by the physical burden of maternity; or probably the store, the sewing-room, or the factory, aided by some inherited taint, will determine the lesion, and give us the cases of phthisis, diseases of the heart, carcinoma, and the various chronic affections that fill our mortality tables.

I call particular attention, in my paper, to the girls, because they are by far the more important class, and the out-door games and occupations of the boys tend to obviate what the sedentary tasks of their sisters but tend to increase.

Once free from the thralldom of school, the boys break loose to unbend their backs and free their lungs; the girls, to saunter home, their arms burdened with books, to aid their mothers in domestic duties.

The infantile diseases of the spinal column, those that involve the structure, have received careful study, and now, thanks to Sayre, the body is at once placed in splints until the rickety diathesis is overcome by growth and a full supply of bony deposit. Even such cases of structural disease as develop later in life are now easily detected at their earliest manifestation, and either held in abeyance by immediate treatment, or effectually checked in their course.

But it is my purpose to call attention to another class where spinal

weakness, due to the strain of position—a condition so insidious in its onset and masked in its course—escapes attention till the frame, fully set by complete bony deposits, cramps the viscera, and, by impeding healthy action, forms a nidus for disease. The development of the skeleton is undoubtedly influenced by the activity of its muscles; symmetrically-developed muscles will produce straight bones. We read much of dystocia, we hear of pelvic distortions, of narrow diameters. Has any one endeavored to mitigate these evils by helping nature to make normal what the requirements of dress and pursuit have tended from early life to deform? The remedy for those conditions that have suggested the forceps, the cranioclast, or “version by the feet,” lies in the early development of the skeleton by proper physical training—in other words, by educating the female child to be a mother, and if its diathesis be rickety train its pelvis as well as its brain. Far be it for me to decry anything that will tend towards the most thorough education of the intellect; my object is simply to contend that study can be accomplished without cramped positions, and that weak spines are not essential to educated women. My attention has frequently been called in connection with dispensary and other practice to a series of cases that forms the basis of this paper. For better elucidation, and to avoid repetition, I shall group them under two heads—the first comprising those young enough to go through the daily routine of school life, and thereby suffer at once from its ill effects; the second, those who, after having spent years in developing their intellect at the expense of their muscular and nerve force, suddenly call upon them to bridge them over the most difficult period of their lives. The first group you recognize by their

pale faces, bowed backs, and rounded shoulders, frontal and occipital headache, weak eyesight, cardiac palpitations, disordered digestion, and certain nervous combinations, chorea predominating. Stand at any school-room door on an afternoon in the early spring, and you will not fail to see the cases that fill our dispensaries. You read their remedy in their very faces—a proper division of study and recreation, recreation that means not mere rest from book-work, but muscular exercise, good food and fresh air.

To-night to the second group I wish to call special attention; a chapter devoted to its consideration might most appropriately bear for its heading the one prominent symptom, "backache." Free from the daily restraint of school life, their hours are devoted to the absorbing necessities of society; and their habits either become extremely active or extremely sedentary, the mania for violent exercise developing from the lassitude that follows nervous excitement; and from one extreme to the other will these girls drag out years of miserable existence, whose monotony will be relieved only by the periodical tortures of dysmenorrhœa. That the functions are deranged, is simply in accordance with the general physical strain. In all such cases the great muscles of the back are those most called upon, and soon, from excessive tension or want of nutrition, fail in their most important duty. The equilibrium which is maintained by the concerted action of those of either side is lost by the giving way of the muscles that malposition has tended to weaken, and the stronger group brought into play draw the spinal column where they will. Neuralgic pains, backache, and internal congestions are the result, to say nothing of the occasional permanent lesion in

long-standing cases by the absorption of cartilage. Weariness from anæmia, chlorosis, and hysteria in all its forms, is the inevitable sequence. Let me picture for you an example. A young girl comes to your office with the following history. Possessed of a naturally strong constitution and vigorous intellect, she has been ambitious, has graduated after years of close application, and with the highest honors in her class. Her winters have been spent in the sedentary pursuits of the school-room; even her hours of leisure have been devoted to her books. Of course, the usual result—"break-down"—has followed, and the routine treatment of tonics has been adopted, and, so far as general appearance is concerned, the patient has been benefited by them. But the principal complaint is weariness, a continual feeling of fatigue following the smallest amount of exercise brought on equally well by standing and by sitting, by day and by night. This feeling of weariness is more decided in the back, and is so uncomfortable, not to say painful, as to require some constant form of pressure in the lumbar and sacral regions, which, when lying in bed, is brought about by placing a pillow in the hollow. There is also an aching in one of the shoulder-blades, and a feeling of weakness in the muscles at the back of the neck. Upon examination, your patient appears well nourished, but the muscles upon pressure are found to be soft and flabby. It will be noticed when the back is examined that the patient leans more or less to one side, and if allowed to assume a natural and (to her) comfortable position, that the difference is often surprising. As a rule, the aching or weariness is found located in the muscles that form the convexity, because those on the concave or the side towards which the spinal column leans, seem to draw it

in that direction, and thereby stretch the muscular tissue of the opposite side. In several cases that I have seen this view appeared to be strengthened by the fact that faradic contractility was slightly diminished on the outer convex or weaker side. I have seen cases where the pressure seemed so great as to cause absolute pain from the curvature alone, and I have no doubt that, without any distinct disease as an initial lesion, a permanent tendinous contraction can take place after a time identical with that which requires surgical interference in other parts of the body. Certain it is that in one case that came under my notice the pressure caused all the symptoms of phthisis in the lung pressed upon, all of which were relieved by straightening the spinal column. It is scarcely necessary to enumerate further the complaints of a patient such as I have described if the condition has been one of long standing: the interference with circulation, the in-door life, the restlessness from nervous irritability, the reflex nervous disturbances, the loss of appetite and want of nutrition, will be shown by a tangled chain of evidence that will tax the power and patience of the most accomplished and amiable of diagnosticians. Various forms of uterine disease, with flexions, versions and prolapses, ovarian engorgements, enlarged and displaced ovaries, will add to the confusion by their perplexing train of symptoms. Relaxation is the word expressive of the one general cause of such conditions, and in our treatment we must bear in mind the atonic condition of every muscle, nerve, and fibre of the whole body. The admirable teachings of Dr. S. Weir Mitchell have enabled us to value, above all things, absolute rest in all such and allied cases; and to insist that, in the majority of those to which I now allude, it is the primary

factor in their treatment, is simply to add testimony which is not required to the great success that has attended its trial.

When examination shows us decided weakness in the muscles of the back, I have of late adopted a plan calculated to give the support which is needful until the nutrition and strength of the muscle have been increased by local treatment. Instead of the plaster dressing, which is so valuable at other times, I would suggest the use of some lighter material, cardboard, for example, which, softened by hot water, easily moulds, and when dry and hard forms a light and admirable splint. It may be applied in this way: A small strip, extending fully the breadth of the back from the lower border of the scapulæ to the most prominent portion of the sacrum, covered with linen, is applied, when softened, over a piece of cotton flannel or some such material, while the patient is sitting, care having been taken that during the application the spinal column is erect. A few turns of a roller will secure it in place. I usually cut the cardboard heart-shaped, with the base upward and the apex down. When dry the support will be found complete. The shoulders will rest on a level, the lower borders of the scapulæ firmly fixed upon the upper part of the board, this position being, I think, most important. The cardboard can be attached to the corset, taken on and off with it, and, as the clothing fits perfectly, without giving the least hint as to what lies beneath, patients will wear it with comfort, and willingly, for any length of time. But above all things, I believe in the daily use of the faradic current, applied to those muscles or groups that it is proposed to strengthen, and to them alone; thus, if the column leans towards the right side faradize the muscles of the left. This'

I believe, is of far greater value than we have been accustomed to consider it, for single muscles can thus be readily exercised, to the exclusion of others, and exercise of this kind brings with it increased nutrition, strength, and development in size. With such a power, when applied with the perseverance it demands, what are we not capable of doing? The aurist will tell you of its use in increasing the muscular tonicity of the smallest and most delicate muscles of the inner ear. In diseases of the uterus, so powerful is its local action, when properly applied on muscular fibre, as to make permanent a position in many cases which has needed for years the support of the pessary. I may almost predict for the oculist its value in restoring accommodation instead of the ever-fashionable glasses. It is the daily systematic use of a well-contracting current that is followed by the beneficial result, just as it is the mildest form of continued exercise, and not the spasmodic muscular effort, that makes a man powerful. Recommend your patient before retiring to hang by the hands from a horizontal pole for a few moments, to use cold sponging, friction, and, above all, when possible, massage; to exercise daily in the open air, which the back-support invites, as the want of it before discouraged. When strength is gradually accumulated, encourage that most healthy and invigorating exercise, swimming, which is never followed by the ill effects so often seen in women from the overstraining of violent walking or horseback riding.—*Philadelphia Medical Times*.

LACERATION OF THE CERVIX UTERI AS A CAUSE OF FALSE LABOR PAINS.—In the *New York Med-*

ical Journal and Obstetrical Review for August, 1881, Dr. George H. Rohé, of Baltimore, relates two cases that have come under his observation, in which the occurrence of false labor-pains, of considerable severity and persisting for a length of time before labor actually began, seemed to him to be due to the presence of laceration of the cervix. With a single exception, he remarks, authors make no mention of the relations between the two conditions. The exception noted is Goodell, who relates a case in which pregnancy took place twice in a patient with lacerated cervix, and in which the labor was painful and difficult each time, the patient being confined to bed by her suffering for a month previous to the termination of the labor. The only other reference to the influence of lacerated cervix upon the course of labor, which he has found in literature, is confined to cases of dystocia due to cicatricial contraction of the cervix. This was not present in the two cases reported.

A GOOD LOCATION FOR A HOMŒOPATHIC PHYSICIAN.

Dr. E. W. Charles, of Nevada, Colorado, writes to us that he is compelled to leave Nevada on account of his wife's health, and that he is ready to dispose of his practice on very favorable terms.

He states that his cash book for 1880 shows receipts for twelve thousand dollars, and that his practice is increasing.

He is the only homœopathic physician in the city, amidst a large and increasing population in favor of our school.

He solicits correspondence from physicians who contemplate or desire locating in that region of the country.

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*A Monthly Journal of Medical, Surgical
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EDITORIAL.

PHTHISIS PULMONALIS.

Dr. G. N. Brigham, of Grand Rapids, Michigan, is preparing a new work on this disease, and requests us to solicit for him contributions or communications from his colleagues throughout the country, with cases successfully treated by any physician of our school. He offers to pay the postage and give due credit to the contributors.

We trust that every one who has it in his power to comply with the request of our colleague will respond promptly, and thus aid the author in his labors for the good of all.

Much valuable information is often hid in the private practice and notes of many of our modest country practitioners, which can by this means be made available to the profession at large.

Send your contributions promptly and receive the thanks of the author.

LACERATION OF THE CERVIX UTERI.—In the "*New York Medical Journal*" for Sept., Dr. C. C. Lee, Surgeon to the New York State Woman's Hospital, indicates the proper limitations of Emmet's operation for laceration of the cervix uteri. Little heed, he remarks, was paid at first to Dr. Emmet's suggestion of the pathological importance of lacerations of the cervix and of the desirability of treating them by operation in certain classes of cases; but, after Dr. Emmet had, on a subsequent occasion, more fully demonstrated his views, it soon came to pass that the operation of trachelorrhaphy was performed in the most trifling cases, and advised in conditions entirely unsuitable for it. Hence an unjust obloquy was thrown upon it, and in many European countries, England in particular, it is still regarded with disfavor. One of the immediate results that occasionally follow cervical laceration is post-mortem hemorrhage, and the author thinks it may fairly be questioned if the puzzling cases in which hemorrhage goes on, in spite of firm uterine contraction, are not always of this nature. He gives full credit to Dr. Pallen for his observation and teaching in regard to this aspect of the matter, and then passes to a consideration of the conditions that demand the performance of the remote operation, together with those that contraindicate it. In many cases of notable rents of the cervix there is no indication for operative interference. The obvious or ascertained pathological influence of the laceration—not its extent or size—should be our guide for its treatment. If it pre-

sents a cicatrized surface, and if there is no hyperplasia or inflammatory condition of either the neck or the body of the uterus, a surgical operation would be absurd, even though the rent were bilateral and had divided the cervix up to the vaginal insertion. If, on the contrary, the laceration is unilateral only, and comparatively small in area, but with a raw, unhealed surface, and associated with either cervical or corporeal metritis, it is absolutely certain that the inflammation will never get well until the laceration is cured, although the symptoms may be overcome for the time being. Still more pointedly may this be said of extreme cases of bilateral laceration with extensive eversion of the cervical canal, with or without cystic degeneration. A much more limited class of cases is that in which the laceration has healed, leaving the cervix tough and nodular, and the angles of the rent filled with cicatricial tissue, in which nerve filaments are often caught and compressed, causing excessive reflex irritation of the uterus and of the general nervous system. The test of such a case is the sudden pain, like a toothache, which pressure with the finger in the angle of the tear generally gives. In such cases the operation is speedier and more thorough than other measures in destroying the "cicatricial plug," never having failed, in the author's experience, to yield a most satisfactory result. While thus warmly urging trachelorrhaphy in proper cases, Dr. Lee defines no less positively the conditions that forbid its performance. Parametritis is undoubtedly a bar to the operation; and yet, he adds, how often are we asked to operate or to sanction an operation while the pelvis is still half filled with an inflammatory deposit of lymph! Of the importance of pelvic peritonitis less need be said, partly

because opinions differ as to whether this condition can be separated from parametritis, and partly because the objection raised in the former inflammation would lie equally in this case. As inflammatory fixation of the uterus is, however, peculiarly characteristic of pelvic peritonitis, its existence in any form should be deemed an insuperable barrier to the operation. Endometritis and acute trachelitis also contra-indicate it, as well as all conditions of extreme impairment of the general health, except such as may reasonably be presumed to depend upon the laceration itself or upon the uterine disturbance that is kept up by it.

THE USE OF QUEBRACHO IN DYSPNŒA.—Dr. Andrew H. Smith, chairman of the Committee on Restoratives of the Therapeutical Society of New York, has submitted on behalf of the committee a report, founded on clinical data, on the use of quebracho in dyspnœa. Of the thirty two cases covered by the report eleven were of spasmodic asthma, with or without emphysema and bronchitis. Of these, in nine cases the dyspnœa was notably relieved. In two cases of asthma associated with bronchitis no benefit resulted. One patient with emphysema and bronchitis without asthma was relieved. One with bronchitis with obesity was not relieved. Two with mitral insufficiency were not relieved. One with mitral stenosis was not relieved. One with hypertrophy with dilatation was not relieved. In two cases of cardiac disease (form not stated) the dyspnœa was relieved. In one case of fatty heart there was slight relief. Two patients with dyspnœa depending upon Bright's disease, in one of whom pulmonary œdema was noted, were relieved. In one case of aortic aneurism the dyspnœa was relieved till near the close.

In one case of tonsillitis the dyspnœa, partly nervous, was relieved. In one case of cancer of the lung dyspnœa was relieved. In two cases of pneumonia it was relieved. One patient with hysterical dyspnœa was relieved. In one case of catarrhal phthisis, second stage, the dyspnœa was relieved. In one case of catarrhal phthisis, third stage, it was not relieved. In one case of intermittent fever with old pleurisy, the patient being an opium-eater, the dyspnœa was increased. Thus, of the thirty-two cases of different diseases in which dyspnœa formed a prominent feature, this symptom was relieved to a greater or less extent in twenty-one; not relieved in ten; aggravated in one. In some instances the treatment was not pushed far enough to give a decisive result. It is possible that the nausea observed in some cases might have been avoided by the use of smaller doses, and perhaps a favorable result obtained. The fact that dyspnœa depending upon such a variety of causes may be relieved by quebracho points, says the writer, to the respiratory centre as the seat of its action. Apparently it blunts the sense of want of air, and thus mitigates the suffering from a deficient supply. But this action is not necessarily only palliative. Exaggerated respiratory efforts are often in themselves an evil, not only on account of the muscular effort expended, but from the aspiration of blood into the thoracic viscera, which results especially when the dyspnœa is caused by narrowing of the air-passages rather than by solidification or compression of the lung. Hence in many cases an agent which will moderate the violence of the respiratory movements will not only lessen the distress of the sufferer, but will increase the chances of his recovery. That quebracho will often very promptly fulfill this indication there

seems to be no room to doubt, while as yet there is no evidence that it is liable to produce unfavorable after-effects. The extremely disagreeable taste of the medicine and its tendency to produce nausea are, however, serious drawbacks to its use by the mouth. As yet we have no record of its employment by the rectum. If the active principle is isolated, so that it can be used hypodermically, a great advantage will have been obtained. —*Ibid.*

IS THERE A SPECIFIC URETHRITIS?
—Dr. P. Albert Morrow handles the question of the specific or non-specific nature of gonorrhœa. After a fair statement and a close analysis of the arguments for and against specificity, he concludes that the position of the *virulists* rests altogether upon pure hypothesis, and is wholly untenable, while all the facts—experimental, clinical, and pathological—are overwhelmingly in favor of the non-specific character of gonorrhœal inflammation. When we apply the gauge of specificity to gonorrhœa it corresponds to none of the conditions of an undoubtedly specific inflammation. No artificial production of any disease belonging to this group is possible; a specific disease is the product alone of a specific poison. Gonorrhœa, on the contrary, may be due to a variety of causes—contagious, irritant (mechanical or chemical), diathetic, etc. Again, in all specific diseases there is between the time of infection and the first expression of the disease a period of incubation. No incubation, properly so called, characterizes gonorrhœa. A drop of this same gonorrhœal pus, which may require two or three days to excite supuration of the urethra, will develop such effect in a few hours when applied to the conjunctiva, showing that

the so-called incubation depends not upon the quality of the exciting cause, but upon the susceptibility of the mucous membrane. Another distinctive peculiarity of this group is that a single attack of the disease confers almost complete security from another attack—a peculiarity precisely the opposite of what is observed of gonorrhœa. The morbid poison of a specific inflammation, once in action, continues until the textural predisposition to its special stimulus is exhausted. The patient is incapable of regenerating the poison or of being affected by it when exposed anew. Both of these conditions are negatived in the clinical history of gonorrhœa. Finally, specific inflammation determines special pathological changes and demands special treatment. Identical pathological processes are met with in urethritis from various causes, and the most radical of virulists treat all urethral inflammations alike.—*Ibid.*

SKIN-GRAFTING WITH GRAFTS TAKEN FROM THE DEAD SUBJECT.—In the latter part of June, 1880, while sitting on a door on which there was a steel hinge, the patient was struck by lightning, and became comatose, in which condition he remained for several hours. He was brought to Bellevue Hospital and placed in Ward 12, at that time, under my charge. When his clothes were removed the skin came off his left arm and scapula, leaving a large raw surface. This surface was treated by different means for some weeks, until a healthy granulating surface was obtained all over the affected part. About this time, a healthy young German, who had attempted suicide by cutting his throat, was brought to the hospital, and died within a few hours. Six hours after his death, I went to the dead-house and removed

a portion of skin from the inner side of the thigh, where there was least hair, and the skin most delicate. Having cut this piece of skin into a great many small pieces, I applied them and dressed the surface after my own method, which is to apply first, next to the grafted surface, a piece of the green protective used in Lister's dressing; over this I strap the ulcer with ordinary rubber or adhesive plaster, and over the whole throw a roller loosely. The object of the green protective is to prevent the grafts from adhering to the plaster and being torn off when the dressing is removed. The strapping is simply to make pressure, which must be firm and evenly applied. After the dressings had remained on for four days, they were removed, and after some little discharge had been washed off, I had the patient photographed. About one-fourth of the grafts had failed to take, and were washed off when the wound was cleansed. The remainder have attached themselves to the ulcer, and the lower and central portions of the ulcer on the arm are already covered with a thin, delicate skin, as a result of the fusing together of the little islands of skin, each graft serving as a point of departure for the formation of these islands. As in other and similar cases, cicatrization would have doubtless gone on to complete cure in a short time, but for an attack of erysipelatous inflammation, resulting from the low condition of the boy's general health, and his exposure to other cases of that disease, which destroyed a large portion of the newly formed skin, requiring subsequent graftings, but finally resulted in a cure, with much less of contracting cicatricial tissue than is commonly witnessed after recovery from such extensive burns.

Skin and mucous membrane re-

moved from the living in surgical operations have been often used for grafts. But I wish to state here my claim, that the idea of removing skin from the cadaver and grafting it on to the living subject is original with me, and that I was the first to perform this operation, which has since been done many times successfully by other gentlemen. It seems to me that any one who has witnessed, as I have done repeatedly, skin taken from the dead body several hours after death return again to life, adhere to a granulating surface, and with surprising rapidity send out prolongations of delicate skin in all directions, covering the surface with a new skin comparatively free from contraction, must agree with me that skin-grafting is in its infancy, and that when men of ability have given it more attention, and found out the possibilities of the proceeding, we may expect to see frightfully contracting cicatrices which follow burns and nævi removed by excision, and their places filled with a skin almost as perfect as the surrounding, and which has been removed from the dead or living body of another person.—*Dr J. H. Girdner in N. Y. Med. Record.*

ACTION OF COFFEE AND SUGAR ON THE STOMACH.—In a paper presented to the Société de Biologie (*Rev. Med.*,) M. Leven states that coffee, so far, as is often supposed, from accelerating the digestive process of the stomach, rather tends to impede this. When thirty grams of coffee, diluted in 150 of water, is given to a dog, which is killed five hours and a half afterwards, the stomach is found pale, its mucous surface being anæmic, and the vessels of its external membrane contracted. The whole organ exhibits a marked appearance of anæmia. Coffee thus determining anæmia of the mucous membrane, preventing

rather than favoring vascular congestion, and opposing rather than facilitating the secretion of gastric juice, how comes it that the sense of comfort is procured for so many people who are accustomed to take coffee after a meal? A repast, in fact, produces, in those whose digestion is torpid, a heaviness of the intellectual faculties and embarrassment of the power of thinking; and these effects, and the disturbance of the head, are promptly dissipated by the stimulant effect which the coffee produces on the nervous centres, as shown by experiments with caffeine. Coffee and tea, when taken in excess, are a frequent cause of dyspepsia, for the anæmic condition of the mucous membrane being periodically renewed, a permanent state of congestion is at last produced, which constitutes dyspepsia. Sugar, which with many doctors has a bad reputation, is an excellent aliment, which assists digestion, and should not be proscribed in dyspepsia. By experiment, digestion of meat is found to take place much more completely when sugar is added. Coffee exerts both a local and general action, operating locally by means of its tannin, by diminishing the calibre of the vessels, but acting on the general economy by exciting the nervous centres and the muscular system. It renders digestion slower, and is only of good effect by relieving the feeling of torpor after meals. Its injurious action on digestion may be corrected by adding sugar so as to counterbalance its effects on the mucous membrane. This adding sugar to coffee is not only a pleasant practice, but one contributing to digestion.

APNŒA INFANTUM, BY W. T. PLANT, M. D.—In the practice of midwifery we will now and then meet with instances of suspended animation on the part of the neonatus. As

the head emerges from the vulva there is not the usual outcry and gasping for breath. The mother and the attendants anxiously await some signs of life, for a still-birth is generally regarded as a calamity. It is a fact that many women who are disappointed early in their pregnancies that they court abortive measures, become, at length, reconciled, and, as gestation advances, look forward to the hour of delivery with the most pleasing anticipations. Sometimes, too, the only hope of a family for its continuance to another generation rests with this one expected heir. So, from one cause and another, a still-birth is commonly regarded as a deplorable circumstance.

In this state of breathlessness, or apnœa, as it is called, it is a great thing to know just what to do, and how to do it. We shall be more likely to adopt an intelligent treatment, if we first reflect on the causes that may give rise to this condition.

These are various:

1st. The entrance-ways to the air-tubes of the child may be closed by blood and mucus; or, it may be lying with its face in the maternal discharges.

2d. The umbilical cord may be wound once, twice or thrice around the child's neck, and drawn so taut that respiration cannot go on. If the cord happens to be longer than usual, it is quite apt to be disposed of in this way.

3d. Compression of the cord during labor. In presentations by the breech, or lower extremities, the body being born before the head, eviculation through the cord may be cut off by pressure before the labor can be ended and air admitted to the child's lungs.

4th. Compression of the fœtus and placenta during labor, by long-continued contractions. This is an ever-

present danger in severe labors, and in all labors in which ergot is injudiciously used. Ergot is a remedy of great value, but I think that its misuse in the lying-in room has sometimes killed the child.

5th. Compression by instruments. In forceps deliveries that have required the exercise of much strength in extraction, the child is frequently born in a condition of suspended animation.

6th. Hemorrhage, as from placenta prævia, or from detachment of the placenta in whole or in part before the completion of labor. If the bleeding is at all copious, the child is quite likely to be still-born through loss of blood.

7th. Premature delivery. An untimely birth is apt to be a still-birth. Those occurring in the first half of gestation are always so. The more nearly the term is completed the better the prospect for a living child.

Such are the usual causes of apnœa infantum. You will meet with some cases in which the cause is unascertainable.

A babe in this condition of apnœa may be livid-cyanotic, with projecting tongue and protruding eye-balls, or it may be pale. The cause will determine the color, hemorrhage producing paleness; lack of oxygenation, as by interference with the circulation through the cord, causing lividity.

TREATMENT.

In this condition, if our treatment is of avail, we must act promptly. Not much time is to be used in searching for the cause of the apnœa. Perhaps the infant may be already past resuscitation. No matter. You cannot know it unless putrefactive changes have begun. If you do not make prompt endeavor to establish respiration, the friends will never pardon you—perhaps you will never pardon yourself.

What, then, will you do? If the cord is around the neck, remove it; next, pass your little finger between the lips and into the mouth, clearing away any mucus that might serve as an obstruction to the entrance of air. You may at the same time gently touch the soft palate and epiglottis; this will sometimes excite respiratory movements. You may next dip your hand into cold water and briskly sprinkle the face and chest. This sudden application will often rouse the sleeping energies of the infant and make it gasp for breath. Some apply irritant liquids to the chest, as vinegar or whiskey.

I knew a German midwife in the Fifth Ward of this city whose treatment was to take a mouthful of whiskey and forcibly eject it over the face of the child, rubbing it well in. I think this a good measure, though, some male practitioners, having tasted the liquid, would part with it most reluctantly.

It is good practice also to dash the chest alternately with hot and cold water.

While you are doing these things, you may make frequent and gentle pressure over the lower parts of the chest—an imperfect imitation of respiratory movement.

If you have reason to think that nervous congestion is the cause of the apnœa, you may divide the cord and let a teaspoonful or so of blood flow from it. I think, however, that this measure can seldom be necessary. for if the congestion is due to pressure upon the child or cord, it should soon disappear, now that the child is born and the compression at an end.

If, after a fair trial of these means the infant does not breathe, it is very likely dead. But do not relax your efforts. There are more things to be done before you are excusable in abandoning the case as hopeless. You

may now divide and tie the cord, if you have not previously done so. If there is warm water and bath tub at hand, you may drop the infant into a warm bath. After a moment lift it out again, so that the surface shall be exposed to alternations of temperature. If the child does not gasp soon, do not waste time with the bath, but lay the child on a table previously covered with a folded blanket, and address yourself at once to the performance of artificial respiration. There are a number of ways of doing this—all good.

One of them is the direct inflation of the lungs. It is done in this way: Place one hand upon the epigastrium of the infant and make pressure. Then with your lips closely applied over its opened mouth, blow a full breath. Most of the air of course goes down the œsophagus, and, without pressure over the stomach, you would inflate that organ and the intestines also. Probably some air enters the trachea and passes on to the pulmonary cells. The chest is then to be compressed to force the air out. This inflating process may be repeated ten to fifteen times a minute. I never tried this way. It may be a good way; some writers speak well of it, but it cannot be otherwise than unpleasant to apply one's mouth to that of a newly-born, unwashed child. If I thought this better than other methods of artificial breathing, I should want my nurses carefully instructed in the manner of its performance. To be sure, the inflation might take place through the instrumentation of a tube, but usually no tube is at hand, and time is precious.

Quite as effectual, and less repugnant, are the methods of Dr. Marshall Hall and Dr. Sylvester. These are in common use, and you will find the manner of doing them described in many books.

For myself, I am partial to the "Speedy Method" of Prof. Harvey L. Bird, of Baltimore. I will describe the manner of performing it. Place your hands, palms upward, under the infant's back, one at the upper, and the other at the lower part. Spread the hands so that the little fingers meet in the middle of the back, while the thumb and forefinger of one hand support the neck and head, and the same digits of the other hand grasp the outer thigh, the inner thigh lying over the forearm. Now depress the radial borders of the hands, thus lowering the head and shoulders and the abdomen and inferior extremities. This answers to inspiration. After a proper interval elevate them to a sharp angle, forming a concavity of the chest; this is expiration. Continue these movements regularly while an attendant sprinkles the thorax frequently with cold water. The temperature of the room in which these efforts are being made should be so warm as to prevent the child from being chilled.

If the infant does not breathe by the time you have practised artificial respiration twenty or twenty-five minutes after any of these methods, I think you may regard further effort useless.

ADHESION OF THE PLACENTA.—

Morbid adhesion of the placenta to the uterine wall is fortunately of very unfrequent occurrence, but inasmuch as when it does happen it constitutes one of the most dangerous complications of labor, both from the great probability of its causing profuse postpartum hemorrhage, and also from the risk of subsequent inflammation of the wound, the accurate diagnosis of this condition is of great importance, but according to the generally received teaching of modern text books, it is

very difficult; if not absolutely impossible. Thus Dr. Barnes, in his lectures on obstetric operations, says: "You may suspect morbid adhesion if there have been unusual difficulty in removing the placenta in previous labors; if during the third stage the uterus contracts firmly, each contraction being followed by blood, and yet on following up the cord you feel the placenta still in utero; if on pulling on the cord, two fingers being pressed into the placenta at the root, you feel the placenta and uterus descend in one mass, a sense of dragging pain being elicited; if during a pain the uterine tumor do not present a globular form, but be more prominent than usual at the place of placental attachment." Dr. Playfair says: "The cause of adhesion is often obscure, but it most probably results from a morbid state of the decidua, which is produced by antecedent disease of the uterine mucous membrane; then the adhesion is apt to recur in subsequent pregnancies. * * There are no very reliable signs to indicate morbid adhesion of the placenta previous to the introduction of the hand." And Dr. Churchill: "The diagnosis is in almost all cases impossible until the extraction is attempted; a strong suspicion will be excited, however, by the occurrence of uterine contraction without extrusion of the after-birth. The previous history of the patient may in some degree confirm these suspicions: if she have suffered much pain in some fixed part of the uterus during pregnancy, it may have resulted from inflammatory action. Whenever we see a patient suffering thus, we should always ascertain by the stethoscope whether it is in the situation of the after-birth, so that we may be prepared for the consequences at the time of labor."

I have met with several cases of morbidly adherent placenta, during

the last fourteen years,"and am inclined to believe that the diagnostic problem be solved with almost absolute certainty; although, from my experience being limited to so short a time, I would desire to write with all becoming modesty.

The diagnosis is, I think, to be founded upon two symptoms: one of which is mentioned by Dr. Churchill, the other by Dr. Barnes—viz., that at some period of pregnancy, generally between the third and fifth month, a fixed pain, generally of a dull aching character, is felt over some part of the uterus; and this is converted into a severe *dragging* pain when the patient attempts to turn over to lie on the side opposite to the placental side; so much so that patients, with an adherent placenta, will never (as far as my experience goes), voluntarily lie on that side. This pain, I believe, to be of the same nature as that mentioned by Dr. Barnes, as being experienced when the cord is drawn upon; and is due to the dragging on the cord by the child, when from gravitation it sinks through the liquor amni.

Theoretically, it may be objected to this explanation that usually the cord is sufficiently long to prevent any such dragging; but I think it will generally be found that when the cord is long, it is twisted around the neck or limbs of the child, and produces the same effect as a short cord would.

No history of this dragging pain on the patient's turning to the side opposite to the placental insertion will be obtained, when the retention of the after-birth is merely due either to the inertia of a wearied uterus, or from irregular contraction: if there be hemorrhage in either of these cases, it would be justified in trying the effect of cold, compression, etc., before introducing the hand, but in cases

of true placental adhesion, trying these and similar means leads to dangerous loss of time.—A. Cummins Ait., L. R. C. P., London, *London Lancet*.

A CASE ILLUSTRATING "MISSED LABOR."—At a recent meeting of the Obstetrical Society of London, Dr. Barnes stated that the term "missed labor," proposed by Oldham, was not justified by the facts of Oldham's case, which proved on autopsy to have been one of extra-uterine gestation. Discussing other cases of presumed missed labor, accepting the arguments of Stoltz and Müller, the author affirmed that no authentic example of missed labor—this term being taken to mean the prolonged retention in utero of a foetus, living, at term—is yet known. He cites examples of the retention of the ovum, which had perished in utero at a previsible age, for some time, and notably until the arrival of the natural term of gestation. He related a case which came under his own care:

A lady, aged thirty-nine, had borne three still-born children, the last of them five years ago, before consulting Dr. Veitch, at Penang, in December, 1872. Pregnancy dated from early in November preceding. The usual signs of pregnancy were manifest; she verified quickening; and up to the seventh month she felt movements of the child. About the eighth month, after a slight accident, a flow of blood came. Three weeks later another bleeding occurred, but no labor pains. Eleven months after the presumed date of conception she came to England. There was an impression that she might be suffering from fibroid of the uterus. She came under the author's care in December, 1873. Under chloroform, the cervix uteri having been dilated by lamina-ria tents, he felt what he took to be

the interior surface of the uterus; the sound passed six inches. In January, 1874, some colored discharges went on. Pieces of bone, which turned out to be bits of the spinal column, passed by vagina. After dilatation by tents, more bones were removed by fingers and forceps. In February this manœuvre was repeated, and by craniotomy-forceps the remaining parts of a fœtus, which appeared to have reached the eighth or ninth month of gestation, were extracted. Her health then improved, the discharges became less offensive, and the uterus gradually shrank, as in ordinary involution, but more slowly, until it reached the common dimensions of the non-pregnant state, and the patient perfectly recovered. The author submitted that this was a clear instance of the retention of a fœtus, dying in utero at a viable stage, for some months after the normal term of gestation had been reached; and that in this sense the term "missed labor" might apply.—*Medical and Surgical Reporter*.

THE DURATION OF PREGNANCY.—A paper in the *St Petersburg Med. Wochenschrift*, by Helen Idelson, M. D., an intelligent lady physician, states that she found that of 4,370 patients in Prof. Horwitz's Obstetrical Clinic, only 488 could furnish the requisite data for the determination of this question—viz., the exact date of the last day of the last menstruation, and the maturity of the fœtus. After showing the great difference which prevail in various animals, and the great difference between the maximum and minimum admitted by authors in woman, she states that it results from her own researches that the average period was 278.8 days, viz., a minimum of 226 and a maximum of 328, or a difference of 102 days.

She sums up the results of her investigations as follows: 1. The duration of pregnancy amounts to 278.8 days, or nearly forty weeks. 2. The sex of the infant influences the duration, this being longer in female infants. 3. The heavier the child the longer is the duration(?). 4. The duration is longer in multiparæ than in primiparæ. 5. The younger the woman the longer is the duration. 6. The duration is longer in married than in unmarried women. 7. The first movements of the child are felt, on an average, on the 135th day, but later in primiparæ than in multiparæ.

THE REST TREATMENT IN GYNECOLOGY.—DR. H. R. BIGELOW, of Washington, D. C., reports a case:

Woman age 28, married, no children, has suffered grief and anxiety; pain in the region of the right ovary; retroverted and retroflected uterus. After a protracted treatment with varied and satisfactory results, we have this additional history:

Finally, after lingering in this condition for so many months, she consented to go to Philadelphia and have a consultation with Dr. William Goodell. I had already advised the doctor very fully of the nature of the case, so that upon our arrival he was prepared with a diagnosis, in which he was sustained by a thorough examination. The local trouble he made out to be a congested ovary, a short vagina with well marked retro-version. The constitutional disturbance he thought was a neurasthenia, of which the local disease might have been the primary cause, but which had been intensified by grief, and by the incessant worry of a teacher's life. The pain was purely and simply a nerve pain, but upon what physiological condition to be explained in the present stage of scientific medicines, no one could say. The jaundiced condi-

tion in part perhaps, due to malaria, was chiefly owing to a spasm of the gall ducts due to the nervous influence of pain and grief—nerve shock. Dr. Goodell argued with much force, and with the logical soundness that comes of large experience and close observation, that the profession were prone to attribute every symptom to uterine derangements, when such exists, forgetting complications and intercranial diseases which may also obtain.

"How often," said he, "have we seen women with complete procidentia, or with other forms of uterine displacement much more complex than your patient's, going about their daily affairs, with apparently little inconvenience, and certainly without a tithe of the physical prostration manifested in the case of Mrs. B."

He advised the rest treatment, and argued so soundly that I seconded him with great sincerity, and Mrs. B. was induced to place herself in his hands. A suitable room was obtained and a well-trained nurse was engaged. She was to go to bed, and to remain there absolutely for from four to six weeks. She was allowed no communication with the external world; not even letters, except from her husband, and these were limited to one per week. She could see no one but her professional attendants. She was to make no movement of herself. In short, the most perfect rest, physical and mental, was the basis of treatment. For the first two days her diet was limited to skim milk; a glass every two hours. Then her regular meals were permitted with six glasses of rich milk per diem. Maltine in gradually increasing doses, was the only preparation used.

The treatment began February 15th, 1881. After her menstruation for that month electricity was used by Dr. Crandall. Galvanism over the liver and ovary, with the far-

adic current over the trunk and extremities. The general current was obtained by placing the carbon point at the occiput, and the other pole of a Gaiffe battery in a basin of salt water, in which the feet of the patient had been immersed. Massage was also inaugurated. The influence of the electricity and massage was immediate and gratifying. Natural and refreshing sleep, an absence of cold hands and feet, and general feeling of comfort followed in their wake. The muscles of the back and extremities developed rapidly. The pain in the side disappeared. The complexion became clear, and the digestion perfect. The milk, though taken in large quantities, never occasioned the least discomfort. Then followed the Swedish movements, so arranged as to strengthen the muscles most needing improvement. Meanwhile, Dr. Goodell was gradually rectifying the local dislocation. The womb was slowly tilted into position and the vagina lengthened by means of a long celluloid pessary.

On March 29th the patient went to Atlantic City for two weeks. There was then only a slight sinistro lateral uterine deviation, the fundus was well up, and the vagina increased in length. The patient had gained three inches about the waist, an inch and one-half around each arm and leg, and had gained about ten pounds in weight. She had no backache, no pain, no depression. At the time of writing, she weighs 132 pounds, and is still gaining. She feels perfectly well, is able to walk quite long distances without discomfort, and is very buoyant in spirits. She takes nuxvomica after meals. She drinks six glasses of milk per diem, and every evening goes through the movements. After exercising in any way, she rests for ten minutes in the knee chest position, and then lies down for half an

hour. During the entire treatment she has been threatened but once with one of her old attacks, and this was frightened away—thus demonstrating conclusively that she had no gall stones. —*Maryland Medical Journal*.

A CASE OF UNIVERSAL XANTHELASMA PLANUM ET TUBEROSUM.—At a recent meeting of one of the German medical societies (*Deutsche Med. Wochens.*, 1881, No. 23) Dr. Korach described the case of a woman of 25 suffering with chronic icterus, the result of total closure of the ductus choledochus of some standing. In addition to the typical patches of xanthelasma on the eyelids, the affection existed in the various parts of the body generally. While the extensor surfaces of the upper and lower extremities, as well as the nates, showed chiefly the tuberoso form, the flexor surfaces displayed the flat or macular variety. In the palm of the hand and the volar surface of the fingers and thumb the patches of xanthelasma followed in confluent form the lines and furrows of the skin. Sometimes the patches coalesced into larger areas and were raised above the surface. Certain parts—as the nates, and the extensor surfaces of the knee and elbow—were thickly strewn with sago to peppercorn-sized xanthelasma tubercles. The color of the lesions was the typical dull yellow of xanthelasma.

Microscopic examination of the lesions showed hypertrophy of the connective tissue-cells of the corium, with an extraordinary finely-granular (fatty) degeneration or infiltration of the connective-tissue cells. There were no signs of hypertrophy or hyperplasia of the sebaceous glands.

Korach suggested that some cases resembling xanthelasma in external appearance are, in fact, commingled

miliun grains, as in the case of the affection published by Geber and Simon under the name xanthelasma, and which showed hypertrophy of the sebaceous glands. We have the choice either to give the name "xanthelasma" a purely symptomatic significance, including under this head all those xanthoma formations on the eyelids which chance to be of the same form, color, and general arrangement, or to take an anatomical standpoint, and only to designate as xanthelasma those cases where the lesions, in addition to presenting the typical external appearance, show the microscopic structure of fibroma lipomatodes. Korach urged the latter view, asserting that in all cases heretofore described, that of Simon and Geber excepted, the anatomical appearances were as above described. The xanthelasma in Korach's case was quite acute, having developed within a few weeks. It was accompanied by icterus with much pruritus of the skin, which lasted a month. After a year's stay in the hospital, the flow of bile into the intestine was finally established, and the icterus disappeared, the xanthelasma also fading away to a very considerable extent.

FAURE'S SECONDARY OR STORAGE BATTERY FOR MEDICAL USE.—Dr. George Buchanan (*British Medical Journal*, vol. i., 1880, p. 914) is the first practitioner to have used the new storage battery, the invention of which was hailed with so much enthusiasm by Sir William Thompson, the physicist, a month or so ago. The new battery consists of a cylindrical vessel of lead nine inches high and five inches in diameter, with a leaden bottom, but open at the top; in this is packed a kind of cushion which has

the power of absorbing electricity. To this vessel are attached the poles of a working battery; and so long as the connection is maintained, the vessel accumulates the electricity flowing into it. When charged, it can be detached from its connection and kept for a long time, or carried from place to place like the jars of compressed carbonic oxide used for anæsthetic purposes. When required for use, the cushion, which should always be kept moist, is wetted with dilute sulphuric acid, and wires connecting are attached to its poles, when it is converted into a powerful battery. Dr. Buchanan has recently removed a nævoid tumor of the tongue by means of this battery, using a platinum wire *ecraseur*. It can be managed without the least difficulty.

A HINT TO CHLOROFORMISTS.—When in Paris I was invited by Dr. Labbé to assist in a case of ovariectomy at a private hospitable. The patient was given chloroform. When the anæsthesia was complete, the surgeon made his incision in the *linea alba*, through the skin and cellular tissue. Suddenly the respiration stopped, and the heart ceased to beat, as clearly shown by the cessation of bleeding and the bloodless appearance of the lip of the wound. The mouth was cleansed from mucus, the tongue drawn forwards, the patient's head thrown well back, and artificial respiration was practised for quite ten minutes, but without result. The case appeared desperate, when Dr. Labbé put a large cloth in boiling water and applied it to the cardiac region. Instantly the heart commenced to beat and the patient to respire. She was saved. The cloth was of such a heat

that a large blister was raised at the seat of its application.

ANGLO-SWISS MILK FOOD for infants, prepared by the Anglo-Swiss Condensed Milk Company in Cham, Switzerland, is now sold in this country by Messrs. Thurber & Co. The proper feeding of infants is a subject that has always taxed the skill and knowledge of professional men, and experience has at last shown that condensed milk is more extensively used at present, with happy results, than any other substitute for mother's milk. Care must, however, be taken in using condensed milk, as there is danger of children suffering from food too rich and nutritive for proper digestion as well as from receiving too little nourishment. The Anglo-Swiss Milk Food is intended to take the place of condensed milk, whenever the use of it has been partially or fully discontinued, say from the age of four months. The superiority claimed for this food over any other farinaceous food is that the former is so prepared that when gradually heated with water, according to the directions for use, the starch contained in the materials used, and which in its individual character is highly detrimental to digestion, is converted in a satisfactory degree into soluble and easily-digestible dextrine and sugar. It is not claimed that the starch in this food is wholly converted but that the comparatively small portion remaining has been so deprived of its individual type as to render it impossible to form a paste from the Food by heating it with water. The analysis of the Anglo-Swiss Milk Food contains 5 to 6 per cent. of moisture, 14 to 15 of nitrogenous matter, 54 to 55 of carbohydrates soluble in water, 15 to 16 of carbohydrates insoluble in water, 5 to 6 of fat, and 2 to 2.5 of ash.

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CLINICAL CASES.

BY

C. E. CHASE, M. D.

Utica, N. Y.

Mrs. L., aged 64—had for several weeks suffered with the following symptoms:

About midnight or soon after, she awoke with a sensation as of rumbling in the stomach, accompanied with a dull, heavy and sometimes griping pain, heartburn, with sour eructations terminating in vomiting very sour or bitter water; and aggravated when lying on either side, especially the right, and as soon as she turned on her back, she found relief and the symptoms passed off.

Jahr's new manual has the following symptoms under *Ferrum acet.*—Vomiting before midnight most violent when lying, *particularly when lying on one side*. Vomiting of the ingesta immediately after midnight; everything she vomits tastes *sour and acrid*. *Ferrum acet.* 3 the only potency I had, administered

three times a day, relieved at once; there was a slight return of the symptoms two or three weeks afterwards, which a few doses of the same remedy removed, and there has been no return since, over three months.

An old lady came to me who had been troubled for a long time with vertigo, which affected her more or less in the day time, but was worse at night, and especially when lying on the left side. Prescribed *Conium mac.* 30. Heard from her several weeks after through her daughter who said that the medicine "worked like a charm," and helped her mother very much.

A child aged about 12 months was suddenly attacked with febrile symptoms, and the parents, becoming alarmed, sent for me early one morning. I found that whenever the child fell asleep, she was seized with a fever, with hot, dry skin, flushed face, starting and jumping of the limbs, and awoke crying, and in awaking became covered with perspiration, was very easily excited, and passed a

great deal of clear urine. Prescribed Bell 30. In the evening the father reported that the child was no better. I failed to mention that the child was greatly excited the evening before by company and the return of her grandmother, who had been away on a visit. Looking over the case again, *Sambucus nig.* seemed indicated by the dry heat of skin during sleep, great excitability, profuse urination, etc. Sent the 6th centesimal, to be taken once in two hours. The morning report was, that the child passed a good night, and had recovered its usual health.

CLINICAL NOTES.

(Read before Penn. Med. Society.)

BY

H. NOAH MARTIN, M. D.

Philadelphia.

In the summer of 1876, I attended a case of confinement which was perfectly normal in all its conditions both as to the mother and child. The child was born on the 17th of August; the mother got along nicely except in one respect: she was obstinately constipated.

An ordinary state of constipation in a person who gave a large quantity of milk, as this lady did, I should not interfere with, since it might be regarded as a normal state and rather to be desired than otherwise. I did not, at first, give any heed to her complaints about it, but she soon compelled my attention.

The following are the symptoms as taken, *a la reporter*, "on the spot," and in her own words: "My stools are as hard as stone, and as large as my arm. I feel as if they would split me open. They come in sections, like mouthfuls, and I become

very much exhausted and tremble with weakness. Every stool is immediately preceded by chills and followed by long stitches up the rectum." I thought of *Bryonia* because of the size of the stools, and of *Magnesia carb.*, because they were as hard as stone, and also because *Magn. carb.* has faintness after stool and, generally, pain in the rectum after stool; I thought also of *Conium*, because of the trembling and weakness after stool, and of *Phos. ac.* and *Lachesis* because of the stitches up the rectum; but upon inquiry I found that other symptoms did not correspond or else exactly contra-indicated all of these medicines, and then the symptom of chills always preceding the stools was a singular one, so I took my notes home for study. *Mercurius*. has chilliness before and during stool, but it occurs more particularly in dysentery. I found the following under *Mezereum* in Snelling's *Hull's Jahrb.*: "hard, slow stool; chills before and after stool; weakness unto falling; lacerating and drawing in the anus." In Lippe's *Materia Medica* I found: "constipation, very hard balls with great straining but not painful; chill before and after the stool; stitch in the rectum upwards." I gave *Mezereum 12c*, *Jenichen*, dissolved in a goblet half full of water, giving a teaspoonful every two hours. Within twelve hours she had a natural movement and continued in that happy way as long as I had occasion to watch her case. In this case it will be noticed that, notwithstanding the frequent repetition of the high potency, no aggravation, such as is feared by some, occurred.

On the 25th of October of the same year I prescribed, for a young lady, *Nitric acid*, 200, *Tafel*, dissolved in water, a teaspoonful every two hours. In two days she came to me complaining of violent corrosive burning

in the urethra, so that she cried with the pain, and did so even in my office. I tried to make her believe that the medicine had nothing to do with it, but I could not convince her. I then gave her Sac. lac., and the pain shortly passed off, after drinking copiously of slippery-elm tea.

On the 2d of November, of the same year, one of my chronic patients presented herself with the following symptoms:

Vertigo, worse when lying down and when closing her eyes; sensation as if walking on feather cushions; strong suicidal tendency. This maiden lady had a strong will power, and was better endowed with good sense than some of her sex; so she did not hesitate to tell me how difficult it was for her to forbear killing herself. The last symptom decided me upon Aurum ⁵, Tafel, every two hours. She became more cheerful; the symptoms of locomotor-ataxia soon passed off, and she is this day alive and in the enjoyment of good health.

On the 16th of November, 1876, a maiden lady, a school teacher, aged about forty, called at my office complaining of a dizzy sensation from the nape of the neck into the head. She had been under the care of a good homœopathic physician for many months, who said he did not believe it could be cured. I gave her Silicea ²⁰⁰, Tafel, every two hours. The symptom was completely relieved within two days, and has never returned. She has been under my observation ever since.

Silicea has "headache extending from the nape of the neck to the vertex," and the lead symptoms are also aggravated by mental application.

It also ranks equal to Phos. and Nux vom. as a medicine for vertigo; at least such is my experience.

The symptom as expressed by my patient is not so expressed in the materia medica, but it is valuable as showing how, by a combination of symptoms or by analogy, we may select the right medicine in a case. A young lady had great lassitude and vertigo from effects of exposure to the sun's rays. April 11th, 1871, I prescribed Natr. carb. ²⁰⁰, repeated doses. Relief was quite prompt. I have never found any medicine more efficacious than this one for symptoms caused by exposure to the sun.

In Snelling's Hull's Jahr, we find italicised: "headache in the sun." I have found it equally as good for vertigo from the same cause.

A married lady, April 11th, 1877, had menses too profuse, dark, stringy and offensive, with trembling in her bowels and soreness, which was promptly relieved by Crocus sat. ^{3x}, in water. She was not pregnant and never has been.

In Lippe's Materia Medica we find under *genitals*: "hemorrhage from the uterus; blood viscid, black, smelling badly, and under *stomach and abdomen*: "sensation as if something living were hopping about in the abdomen." This is analogous to trembling, and would perhaps be better expressed by that word.

In Hull's Jahr we find it expressed as "repeated bubbling sensation in the abdomen."

On the 14th of August, 1877, I received a letter from a young lady in Maryland, who expressed her symptoms thus:

"The pain in my stomach goes up into my breast. I suffer when passing water, and have burning in my privates. *Hurts me to sit down.*" I had no opportunity to inquire more particularly, but the last symptom, which I have italicized, led me directly to the right medicine.

In Lippe's Text Book, I find:

"painful sensitiveness of the genitals, internally and externally." In Hull's *Jahr* it is expressed as "great sensitiveness of the parts." I have relieved this symptom so frequently with Platina, that I had no hesitancy in sending it to her in the two hundredth potency, and I was not surprised to hear, ten days later, that she had been promptly relieved.

PROLAPSUS UTERI, OR SOME OF ITS CHIEF CAUSES.

BY

GERTRUDE A. GEWEY, M. D.

Brooklyn, N. Y.

The term prolapsus uteri or falling of the womb, so frequently used, is without meaning if intended to designate a disease. It expresses a symptom without conveying the slightest idea as to the cause or the disease, which produced the symptom. Prolapsus of the uterus is simply an effect, produced from some cause, by which the organ remains persistently lower in the pelvis than in a state of health, or in its normal condition.

There is an individuality of the position of the womb, normal to each female, therefore it is utterly impossible to establish a uniform standard, as to the degree of prolapsus.

Experience has taught us that displacement has occurred in healthy females with large pelves, and if it were from disease it would be accompanied with symptoms indicative of the cause, but the patient is not conscious of any deviation from health. The position of the uterus varies even in the same individual when not accompanied with disease. Prolapsus

results from combined causes. It may be organic, mechanical, or functional.

Abdominal pressure and habitual constipation are two frequent causes of prolapsus. Then there is hypertrophy, imperfect involution, obstructed circulation, the effects of inflammation, tumors, parturition, dilated vagina, loss of tonicity, often resulting in rectocele and cystocele, procidentia, laceration of the perineum, etc.

I do not propose to discuss the manifold causes of uterine diseases, but to call attention to one or two causes more particularly. Habitual constipation by depressing the uterus is one. The majority of females suffer from a sluggish condition of the bowels, the rectum seldom being found empty, and the accumulations of fæces enormous, even in individuals who pay some attention to regularity of habit. Chronic engorgement follows habitual constipation, from the obstructed venous circulation, and the pelvic veins become varicose. In this portion of the body is a vast network of vessels, and the tissues being erectile, there is larger capacity for the accumulation of blood, and consequently the weight of the uterus is increased. Thus is explained the frequency with which prolapsus, and congestive hypertrophy is observed among patients who lead an artificial and indolent life.

Savage, in his work on the female pelvic organs, states that "venous obstruction in the course of the ascending cava or spermatic veins, influences immediately the state of the pelvic venous circulation; all the pelvic veins soon become surcharged with blood."

The nervous systems of such persons become debilitated, and the capillary circulation enfeebled. As a result, we have cold extremities, cephalalgia, anæmia, etc. The natural se

cretions of the body are perverted, sometimes absent altogether; menstruation becomes scanty; hypochondriasis, hysteria, and a host of evils follow. Hysteria, as a uterine accompaniment, we observe more frequently in women who possess an impressionable and susceptible disposition. The mode of life pursued is an important factor in the causation of hysteria.

The absence of varied and invigorating muscular exercise; imperfect oxidation of the blood through the respiratory function; insufficient nourishment; these are some of the unfavorable factors which tend to implant the germs of hysteria, when it is not of hereditary origin. If we exclude the existence of fibroids and the effects of inflammation, either in the uterus or adjacent parts, imperfect involution, resulting in enlargement and increased weight, is another common cause of prolapsus. This condition is observed more frequently among mothers who do not nurse their infants. It should be the duty of every physician to insist that the mother shall nurse her child, unless the state of her health be such as to contraindicate it. Marked sympathy exists between the mammæ and the uterus. If the functions of the former be not properly fulfilled, the latter is sure to suffer. We all know that the application of the child to the breast, after labor, tends to contract the uterus and control hemorrhage, if the latter exist.

Several eminent authorities express the opinion that a large proportion of those women who die of cancer failed from one cause or another to nurse their children.

The volume of the uterus is large after parturition, and unless involution takes place, the increased weight has a strong tendency to depress the pelvic organs, and particularly in many patients who assume the erect or

semi-erect position too soon after confinement.

Therefore there is need of the constant maintenance of a contractile force upon the uterus to promote the absorption and diminution of size, and this is what suckling brings about gradually, but effectively, aided of course by the transformation of the enormously hypertrophied muscular fibre into molecular fat, which is absorbed into the maternal vascular system and thrown off as effete material. But if the organ is not reduced in volume, then comes the bearing down sensations, backache, leucorrhœa, resulting from inflammation of the lining membrane of the uterus or endometritis, and hosts of other diseases with their complications.

Scanzoni attributes retroflexion of the uterus to a similar cause, and states that, out of 196 women affected with uterine disease, only 56 had suckled their infants. Many women, who do not nurse their infants, have children too rapidly for their strength, and thus another cause of endometritis is brought into operation, and at the same time disease is often engendered in the children. According to Sir Williams Jenner, too frequent child-bearing is the common cause of rickets, particularly in children who are born last. In many uterine diseases we find erosions of the cervix, with follicular discharge, often resulting in subsequent sterility, due to the obstruction in the cervical canal, and even occlusion of the orifices of fallopian tube. Owing to the great number of follicles in the mucous membrane below the internal os, that portion is more liable to disease; this gradually extends to the mucous and submucous tissues of the body of the uterus. When erosions exist on the cervix, they are almost always due to the irritating character of the discharge from the diseased structures

above, which is constantly bathing the surfaces.

After careful investigation we are often unable to detect in the local conditions sufficient cause for the symptoms of headache, the sacral and lumbar pains, etc., which some of the patients complain of. In many cases we find the nervous system so perverted from its normal state that the patient can only be regarded for the time as insane.

The *morale* of patients of this class is important; they should be encouraged in every possible way to feel that their disease is curable, and by so doing we really hasten the cure itself. Now and then we meet with patients who think they understand their condition better than the physician. Such patients must be treated kindly but firmly, and no sympathy wasted.

In these patients the normal and regular performance of the functions of the bowels is all important.

The condition of the portal system also, as connected with the pelvic circulation, and its relation with digestion, is not to be ignored. Food should be administered at regular intervals where the assimilative powers have become impaired, simple in character and concentrated in form.

A certain amount of exercise is absolutely necessary, and where a patient is too feeble to take the requisite amount, muscular action may be induced by massage, kneading, etc.

Constitutional treatment is positively demanded in some cases, and more or less in all classes of disease, but the selection of the remedy must be left to the physician, to be decided on the indications in each particular case.

The vaginal douche of hot water is of great benefit, repeated once or twice a day as the case may require. The engorgement and hyperæsthesia

will be greatly lessened. This is not an empirical or theoretical procedure, but founded upon sound principle and observation. We have some physicians who denounce most emphatically local treatment in any form of uterine disease, and depend exclusively upon internal remedies. But where we meet with one case that may be cured by the administration of remedies alone, we will find ten that will require local means, and improve, as a result much more rapidly than without them.

In closing, I would call attention to the use of *Iodoform* in uterine disease, not because it is new, but because so few cases have been reported showing its great value in this class of cases. Within the last few years, I have used and succeeded in curing many of my cases with *Iodoform*, particularly where there are granulations or erosions of the cervix with follicular discharges; also chronic *metritis* and old cases of *cellulitis*.

I use the first decimal trituration, mixed with glycerine, as required, or in solution, using a cotton tampon, sometimes also in the form of a pencil, introduced into the cervix. I use it in different ways to meet the requirements of the case. The remedy seems to act more deeply and thoroughly than *Iodine* alone, and is retained in contact with the diseased tissues more readily than the latter.

CEREFOLIOUS,

BY

W. H. FANNING, M. D.,

Lapeer, Mich.

This is the remedy for dropsy which I have been using for two years, with so much success that I venture to as-

sert that I have a specific, if there are any specifics. I have tried it in a number of very severe cases, and have succeeded far better than with any other remedy. I have cured cases that other physicians had given up. I feel confident it is as much of a specific as quinine is for chills. I have given the remedy to several physicians of our school, and they all speak in the highest terms of the results of its use. For scarlatinal dropsy it has no equal. I hope all who test it will be able to agree with me.

"COLDS"—REPLY TO A CRITICISM.

BY

H. W. TAYLOR, M. D.,

Terra Haute, Ind.

It has been claimed for our good State of Indiana that she has more original literary ability than any half-dozen of the effete commonwealths of the "East." Certain it is that Wabash county is running over with literary critics, professional and lay.

Unfortunately the weapon of the Wabash critic is satire, and that weapon is not always handled skillfully. Not being handled skillfully, it loses edge and point, and cuts nothing but the fingers of the wielder. This is instanced in the criticism of Dr. Hunter, of "Wabash on the Wabash."

He finds fault with my statistics because "they are not comparative." What would he have? I certainly compared the effects of the two classes or food upon a limited number of persons. Under the animal diet they were frequently subjected to acute attacks of indigestion, accompanied by symptoms of disease in the mucous membrane of the respiratory tract. Under the vegetable diet they went

through a long hard winter without an attack of "cold." All of them remaining under my observation have continued free from colds to this date. I myself have continued to enjoy perfect immunity from colds—although I ride during the night in dews and storms as formerly.

Dr. Hunter's illustrations of the opposing argument are not in point. His "medical gentleman" who is "not a subject for colds," is therefore not a subject for any advice as to diet. Christ came into the world to save sinners and not the righteous. They were already saved. To those who never have colds a change in diet or habits might be injurious. They ought not to make the experiment. But to the individual who is perpetually recovering from one "cold" in order to contract another, the course I have pointed out is the way of health, happiness and peace. Let him walk therein and be made whole.

As a critic, Dr. Hunter makes some statements that are open to criticism; thus, that which is evidently his *chef d'œuvre* is that his little granddaughter eats nothing but animal food! Certainly it is a loose statement to call an animal secretion "animal food." Were other secretions of the body, as the saliva, tears, etc., used as food they might, with equal propriety, be included in this class.

In no sense could these fluids be called "animal food," since they are not animal tissues.

Dr. Hunter is surely aware that the "inhabitants of the frozen North" have a mixed diet. It is stated that when the abundant mosses of that country become scarce, "dirt" (clay) is mixed with the oil to render it digestible.

It is unfortunate that my critique should refer to the stunted, stupid Laplander as an illustration of the

meat-consuming class, since he is an excellent example of the effects of mal-assimilation.

Dr. Hunter says: "Now, it is not logical to ask us to prove that his *theory* is not true; and he does not offer a single argument to prove that it is true."

The worthy doctor must have read my article upside down. There is no theory. There can be no argument. This is a case that goes to the court without argument. I have presented some medical, pathological and physiological *facts*, as manifested and observed, in my own person, my own family, and also in several patients.

From these facts I make the deduction that animal tissue is not assimilated. The deduction may go for naught if it please not Dr. Hunter. But the *facts* remain. Let him put them fairly to the test. Let him subject a patient (who is much given to "colds") to the vegetable diet (without Calc. carb. 30th) and report the result.

The good Doctor has not read my articles on posology more closely than he has this record of a dietetic experiment. Otherwise he would know that I am the only defender of Hahnemann and his methods remaining alive and well on this continent. No high-potency man has attempted to show that Hahnemann ever made or gave anything higher than the "decillionth thinness," as the German phrase literally makes it. His "specimen cures" (reported as illustrations of his "strict inductive method") were made with the mother tincture of *Bryonia* in one case, and *Pulsatilla* 6th in other. Hahnemann apologizes for giving so high a potency as the 6th by saying that this potency was given on account of the great "delicacy and weakness" of the patient. The mother tincture of *Bryonia* was given to a "stout" washer-

woman. These are lessons that my friend Hunter should heed. Let him follow Hahnemann's methods as laid down in the *Organon*, and he will be able to cure those quartan agues that trouble him so much. Or if he will deign to try the method of the "Defender" of Hahnemann (myself), he may make a saturated ethereal solution of chinoidine and give ten drops every three or four hours, and he will have the satisfaction of curing quartans as readily as quotidians.

NOTES BY THE WAY.

BY

DR. USSHER.

Wadsworth, England.

SCALDS AND BURNS

are so common that there cannot be anything novel about them. We are so accustomed to the Carron oil—horrible-odored stuff—and the cooling and most beneficial paste of whiting, an early application for which is specially invited. But the next time you get one, use after the whiting, *Urtica Urens* tinct. gtt. x. or xii. to a tumblerful of water, and you will find a healer like *Calendula*. In scalds it is magical. It is my own idea, and any one, including "Ladybird," may appropriate it, even if it does me out of a fee. By the bye, has any one triturated the odorous ladybird? Why not? In these days we hear such severe objections against animal products, and nosodes, not to speak of key-notes. I lately saw a case of smallpox, confluent and bad, for my friend Shuldharn. The patient had a throat full of pustules, and could hardly swallow. Would you credit it? I gave him a powder of *Vaccinium*

3 (Pond's), and the next morning he was as comfortable as art—ay, and high art too, could make him. I saw him out the other day, and you would not suspect he had had variola. Now I would like to know from Dr. Hayward and others why I am not to put as much faith in a nosode which does what I want *according to its proving*, as in *Belladonna*, which does me the same friendly turn. It is all alike to me from whence it comes, so long as it goes where I want it—straight to the point. The more I hear a thing objected to, the more I search into its merits. Gladstone commends Bass (and Kidd does so too) as the next best thing to the nectar of the gods; and when one nauseates over teetotal objurations, I thank my abstaining friends for their ardor, and Bass for his beer. The e is nothing like candor—unless it be Bass.

Since writing the above I have used *Vaccinium* in every case of small-pox, with the benefit of absence of smell and quick convalescence.

RHAGADES.

A gentleman writes:—"Every winter, and during the cold winds, some old cuts on my hands have reopened, and cause a lot of pain and inconvenience, especially in playing (he is in the music trade), as five of them are on the tips of my fingers. I have used ointment, but my skin being dry and hard, they only open again after being healed up a day or two. I have washed in warm water and have used glycerine. They heal up in the warm weather, and open again in the cold weather." So I set to work with Lippe and Allen's big index, and between the two my choice rested on Petroleum. The rungs of the ladder were—

Rhagades on tips—wounds inveterate, will not heal.

Rhagades on fingers—aggravated in winter.

Rhagades in winter.—The little test-compound, Bar., Bor., Calc., Cham., Graph., Hep., Lach., Merc., Nit.-Ac., *Pet.*, Rhus., Sil., Staph., *Sulph.* This was the gentleman who took large doses of *Kali Iod.*, and had an abscess on his neck cured by *Hepar.-S.* Referring back to his last prescription, I found it was *Sulphur*, and Hering informed me that *Petrol.* follows well. So, taking his guidance, my patient has made good progress, and the last report is, "Wounds healing." Again, on inquiry I learn. "The cuts, with the exception of one, healed up, and I have no pain with them."

A more satisfactory case in a highly strumous young gentleman is now half the size it was under *Phytolacca* 2x. The enlargement was as big as a lemon, very irregular, on both sides of neck and parotid space.

GLANDS UNDER THE CHIN,

which were very painful and enlarged, quickly melted down under *Phytolacca* 2x. The glands at the side of the neck I have seen as speedily melted away by *Calc.-Carb.* 30.

ABSCESSSES OF SCALP.

Why children get so many affections of the scalp I cannot explain, but the fact is so. Long before teeth came as an exciting cause, one child had three abscesses on the sinciput, which had been opened—not, of course, by a homœopath. Matter streamed from all profusely, and the child was in a truly miserable plight. *Silicea* 30, one pilule night and morning, cleared off the whole lot in a fortnight.

DACRYOCYSTITIS.

Inflammation of the lachrymal sac. This case is of special interest, for the lady had been a year under one of the ophthalmic surgeons of a large London hospital. The canaliculus

was slit open, and the sac, as I judge, became tender from constant probing. At last an east wind settled the business, and as Mr. — told her she would have to be cut if the parts inflamed, she was in terror over the prospect. Homœopathy had not been quick enough for her in the first instance, so Mr. — tried his hand, and failed. Homœopathy got the chance of doing better, and did it. Dr. Shulldham, who had some special ophthalmic experience, like myself, aided me at this juncture. We gave *Bell.* 3x and *Hepar.* 6x in alternation, contrary to the teaching of some of us, and for some good reasons of our own. These medicines are said to antidote each other; they didn't here.

It was on the 23d of April ult. that I first saw this young lady for the neuralgia of her face; on the 4th of May the abscess had discharged, and the results of inflammation were alone left. Some redness and tenderness returned on the 12th, and I again had recourse to the two aforementioned *Bell.* and *Hep.* May 19th.—Nothing now remains but hardness; *Su phur* will take care of that. She is well.

FOREIGN BODIES IN THE THROAT.

A child was nearly suffocated from swallowing a marble; he turned black in the face, pulled out his hair, and would undoubtedly have perished but for his mother's presence of mind. She poked the marble down, and he swallowed it. The sequel was at least unique. A week after a large dog jumped out on him, and he vomited up the marble, which in all probability emetics would *not* have done. .

STRANGULATED RUPTURE.

A particularly distressing case in a female of seventy-four. Whether from motives of delicacy I cannot say, but no notice was taken of it till too late, and she would not hear of

an operation. At first it looked like a phlegmon on the site of the right inguinal space. There was no fluctuation from coughing, *no constipation*, and *no vomiting*, but the history showed clearly what had happened. Next day I found two large bullæ filled with straw-colored fluid; there was great pain of a burning kind, and thirst. In one of these bullæ were two or three orifices exuding a foetid fluid. The opening moved over openings in a membrane underneath, which made me at once suspect a hernia. A slight puncture liberated a large quantity of horribly foetid fluid, swamping her and compelling us to beat a retreat. Next day the daughter observed, as I saw myself, that portions of orange consumed the day before were coming through the groin. There could be no doubt now as to its nature. *Bell.* by night and *Nux Vomica* by day eased her pain, and she gradually sank. I never saw a case of strangulated rupture without vomiting and constipation, and there were unmistakable fecal discharges, yet a certain amount of action per rectum. The only explanation I can offer is, that a part of the gut was attached, and still pervious, and must have been enormously distended from the amount of fluid discharged after the slight puncture. It deluged the bed; the effluvia in the room before death, for three days, were only endurable by burning ribbon of Bruges before you as you entered. The duration of illness was nine days. An early application of cold and the administration of *Nux Vomica*, after Tod Helmuth's plan, might have saved her.—*World.*

A UNIVERSAL ANTIDOTE.—An Italian physician has recommended the iodide of starch as an antidote for poisons in general. It can be ad-

ministered in large doses, and is above all efficacious in poisoning by sulphureted hydrogen, by the alkalies and the alkaline sulphides, and principally by the alkaloids with which Iodine forms an insoluble compound. It aids the elimination of the salts of lead and mercury. In cases of acute poisoning an emetic must be administered before the iodide of starch.—*La France Med.*

MACROTIN.

BY

GEORGE B. PALMER, M. D.,

East Hamilton, N. Y.

Since the publication of my "Clinical Notes" and the reference to the use of Macroton, I have received several letters of inquiry concerning its use in the treatment of the opium habit and my reasons therefor. My present object is to furnish a reply to such, and give my method of using it. And first, I desire to say that we have in no published provings of this drug which gives a full and complete picture of its effects, particularly its mental and moral characteristics.

In the winter of 1855-'56, this drug was proved by several members of the class in the then Western Homœopathic College at Cleveland, under the direction of Prof. B. L. Hill. The drug was given out by him (no one of the number knowing what it was), and was taken, and the symptoms noted by each for three or four weeks, when the notes were placed in the hands of Prof. J. S. Douglas, and by him arranged and presented to the class in his regular lecture, and the name of the drug was given.

The proving we now have under *Actea racemosa*, *Cimicifuga rac.*, etc.,

do not give, as I said above, a fair picture of the results obtained by this proving which was made with pure Macroton of B. Keith's preparation, and it is upon the results of this trial that I base my use of this remedy. I was one of the number who proved it. I have a very vivid recollection of many symptoms not given in works on *Materia Med.* which I have seen. I cannot here specify all the symptoms noted. I will only speak in general terms. The head symptoms are not so much severe pain as a feeling of pressure upward; not the congestion of Bell., with flushed face, etc., but merely *pressure upward* at the vertex. The eyes are *not congested*, but seem *larger* and *feel pressed out*—feel as if *strained open*. There is soreness of every muscle of the body, or perhaps a *sense of soreness*, and still not so much *actual* soreness to touch; a general confusion of the mind, with inability to think quick. Any person who has indulged in too much alcoholic stimulant, and awakes in the morning with *rheumatism in every hair*, will have a very vivid and true conception of the effect of this drug.

It produces a dread of something about to happen; cannot sleep, and don't know why, but is fearful that there is something wrong; perhaps thinks there may be some one concealed in the room, or there is vermin on the bed, on his person, etc.; a great sense of exhaustion, as from severe physical exercise, etc., etc. This class of symptoms were so marked in all the provers that they fixed my attention on this drug as peculiarly appropriate in cases of delirium tremens, and its use in a good many cases has justified this confidence. As stated before, I have not obtained satisfactory results from the tinctures of *Actea racemosa* or *Cimicifuga rac.*, or from some preparations of Macroton. That prepared by

B. Keith, New York, has always been most satisfactory to me, and differs in taste and appearance from any other which I have seen. I use the trituration 1st decimal, to 3d centesimal. In delirium tremens I use 1st decimal, 2-grain dose, repeated in from one to four hours, as I deem best, and I may say that I have never resorted to opium in any form in this disease. I do not claim it as a specific for the opium habit, but I do believe that it will relieve the unpleasant symptoms caused by stopping the opium better and more fully than any other remedy with which I am acquainted, and that its use, coupled with *pluck* and *perseverance* on the part of the patient, will help many to rid themselves of this terrible habit.

THE TREATMENT OF ABORTION.*

By

GEO. T. HARRISON, M. A., M. D.

New York.

As the subject of prophylaxis, though of deep moment, does not lie within the scope of this discussion, it is assumed in the remarks which follow that the abortion cannot be prevented; and the problem that confronts the physician is to carry the patient safely through its dangers.

Our therapeutic endeavors should be directed to a prevention of hemorrhage, or, at least to its limitation within bounds consistent with safety to the patient—to the avoidance of septic infection and its consequences; and especially should it be an object

of our earnest effort to secure perfect involution of the uterus. Experience has amply proven what we would naturally *a priori* assume, that the speedy expulsion of the ovum, by means, not of an injurious character, but facilitates the accomplishment of these indications; while, on the other hand, it is a matter of universal observation, that the retention of portions of the ovum within the uterine cavity offers the chief impediment in the way of their fulfillment. All writers, therefore, make it a cardinal point in treatment that we should not leave back any part of the ovum. But here opinions diverge—some insisting that we can best accomplish our design by an expectant plan of procedure, while others, on the contrary, are in favor of active interference either instrumentally or manually.

Dr. Dohrn says: "We will attain to sounder views upon this question," he remarks,† "when the process of detachment of the ovum is better investigated and appreciated. When the contraction of the uterus detaches the ovum, the process is such that the decidua serotina and vera separate from the muscular substratum, which endeavors to shorten. The ovum having become free in this manner, the decidual sac, which forms the reflexa, is pressed forth during the pressure of the pain and draws the decidua vera after it, as it escapes from the cervical canal, at the same time inverting the latter. This process is the usual one in an abortion, in the earlier months, unless the previous development of extensive extravasations of blood have disturbed the position and mode of connection of the separate sections of the decidua."

That the detachment and expulsion of the ovum should occur in this way

*By abortion, I mean the expulsion of the fœtus from the beginning of pregnancy up to a time when the child is viable.

† Vide *Ueber Behandlung der Fehlgeburten* Volkmann's Sammlung Klin. Vorträge.

is to be desired, for the complete evacuation of the uterine cavity is thereby best assured. It is questionable now whether we are able by operative interference to imitate this process. He who shall be able to form an adequate idea of the circumstances in which he is placed in such operations, and will be certain that he merely detaches the boundary layer where the separation would have ensued without his assistance, that he neither wounds the uterine wall nor leaves behind the fetal parts of the ovum, needs for this purpose freer scope than is afforded by the uterine cavity in abortions. A smooth surface after the detachment in such cases is never made by the most dextrous operator, and if even small residues may be injurious for the puerperal state, the patient will not be benefited by such operative interference. In fact, the usual state of the case is this, that it is not the decidua vera that forms the point of attack on which the operator begins his manipulations, but that the point of the sac of the ovum, formed by the reflexa, is seized by the fingers or by instruments. The cases where the latter follows and draws the vera after it are eminently rare. Generally the sac of the ovum tears asunder or is detached at the fold of transition into the vera, and then the abortion is half ended; uterine contraction has not so much to act upon, and at the same time the latter expulsion of the decidua vera is rendered more difficult."

On the contrary, Dr. Fehling, in the *Archive für Gynäkologie*, earnestly advocates active intervention and gives the following reasons in justification of this method of practice:

"In the first place, we are in no way certain, though the course is entirely spontaneous, and though we believe in quite an expectant manner,

that parts of the ovum do not remain back in the uterus. Every one knows that the younger the ovum the more difficult it is to loosen it from its seat of attachment; consequently, parts of decidua or chorion very easily remain and then give rise to hemorrhage, and, in consequence of their disintegration, to a lochial discharge with offensive odor. I have, in a series of cases, made examinations *exerctu causa* and almost regularly brought out rather large pieces of the membranes of the ovum after the entire ovum had already been discharged, with a spontaneous course, cases in which, on account of the spontaneous course, formerly I would have done nothing more."

"Secondly, the use of the tampon applied with exactness does usually protect from dangerous hemorrhages, but not absolutely. In several of my cases, in spite of the tampon with plugs of cotton most carefully applied by myself, serious hemorrhage again appeared, so that I was compelled to resort to a more active procedure sooner than I designed.

"Thirdly, according to the expectant plan, the course is usually so slow and tedious that a series of dangers for the patient are involved in it.

"Further, the time and professional engagements of the practitioner must be taken into account; a busy country practitioner cannot sit by and await the course of an abortion lasting two or three days. For these reasons, certainly, the active procedure, which consists in removing the ovum as soon as possible, has already been adopted in the practice of many physicians.

"Fourthly, and chiefly, it must be emphasized that an active procedure for the removal of the ovum or its remains in an abortion is entirely without danger, if it is carried out with the necessary antiseptic precautions.

For this purpose it is necessary in all cases, at the beginning, to disinfect the fingers with a five per cent. solution of carbolic acid and to apply the nail brush and soap."

Here, as elsewhere in the practice of medicine, where such entirely opposite views are upheld by able members of the profession respectively, the truth lies, we think, in the mean.

The bleeding is the first symptom usually which demands our therapeutic intervention. What that shall be will depend on the result of our examination per vaginam, which should be made at once, the patient being in the dorsal position, with the knees flexed. If it should now be found that the os uteri is but slightly open and the cervical canal, therefore, not accessible to the exploring finger, the best thing to do is to apply a vaginal tampon. The tampon arrests the hemorrhage and stimulates uterine contraction and fulfills the indication completely. To proceed at once to the use of dilatation, whether gradual by the tent, or rapid and forcible by the several mechanical contrivances, of late devised for this purpose, is unjustifiable, in view of the unnecessary dangers to which the patient is thereby subjected from septic infection consequent upon the injury to the uterine tissues which that treatment may cause. For the tampon, there is nothing superior to absorbent cotton—each piece being dipped in a solution of carbolic acid (two-and-a-half per cent.) and well wrung out. It frequently happens after the tampon is removed, in from six to twenty-four hours, that the ovum is found in the cervix or in the vagina. In the first case it is usually an easy matter to remove it by the finger. It happens, however, now and then, that though the ovum has descended into the cervix partially or entirely, yet the external os remains

undilated, and presents an insuperable obstacle to the passage of the finger. In these circumstances, Schröder* advises the incision of the os and cervix on each side to a greater or less extent. The ovum is then readily extracted manually. The divided surfaces are immediately united, observing strict anti-septic precautions. I concur fully in the view of this distinguished author, that each procedure is better than forced dilatation.

A method of removing the ovum, applicable especially in the first three months of pregnancy, was suggested by Hœning.† It consists in expressing the ovum out of the uterine cavity instead of extracting it. Two fingers of the one hand are introduced into the vagina and applied against the uterine body in the anterior or posterior fornix vaginae, according to the position of the uterus, whether anterior or retroverted, while the other hand, from the abdominal walls, presses the uterus against these fingers. The ovum is forced into the cervix and then slips immediately into the vagina. I cannot commend this procedure too highly.

It need hardly be mentioned that the method of Hœning is strictly analogous to Credé's mode of delivering the placenta by expression. If the physician, however, on reaching the bedside of the patient, ascertains that the membranes have ruptured and the liquor amnii has escaped, active interference is called for—the clear indication being to remove the uterine contents as speedily and completely as possible. Here I am heartily in accord with Dr. Fehling, with this limitation, that our operative interference must be restricted to such means as imitate, as far as possible, the natural process of detachment

*Vide *Lehrbuch der Geburtshuelfe*, page 464.

†*Scanzoni's Bertrage* Bd. VII, S. 213.

and expulsion of the ovum, so well described by Dorhn. This plan of active treatment we are led to adopt as well by *à priori* reasoning as by *à posteriori* conclusion.

Where portions of the ovum are retained in the uterine cavity, there is always menace of putrefactive decomposition and absorption of its products involving a long train of morbid sequences of hemorrhage; and especially is defective involution thereby a frequent result.

Many gynæcologists, impressed with the validity of these views, have made use of quite radical measures to accomplish the end in view, and have endeavored to popularize the curette in such circumstances. In Germany, Boeters (*Centralblatt für Gynæk.*) recommended the application of Simon's scoop very warmly. Spiegelberg had previously spoken in high terms of the value of the curette where there was adherence to the uterine wall of the portions of the ovum left behind, etc. As early as 1870 Dr. Barker had recourse to the curette. Dr. Mundé (*Centralblatt für Gyn.*) suggested the use of Thomas's wire curette for the removal of the retained ovum—to be used in Sim's position. According to Paul Braun (*Lehrbuch der Gesamt. Gynæk.*), Chailly, Nélaton and others considered the curette of Recamier useful for this purpose. It is a subject for thankfulness that the placental forceps is a thing of the past, and that only occasionally is a voice lifted up here and there in its advocacy. I have never found it necessary to use the curette, and if the method to which attention will be directly drawn is employed its application will be limited to an exceedingly small number of cases—*i. e.*, to those rare instances where the retained portions of the ovum have contracted a firm adherence to the uterine tissue.

"What advantage there is," says

Dr. Fritsch (*Klinick der Geburtshuef. Operat*), "in destroying the uterine mucous membrane, when the remains of an abortion are to be removed, I cannot understand. This instrumental groping around in the uterus, without the aid of the feeling finger, can, perhaps, now-a-days, with antiseptics, be accomplished with impunity, but can never be a judicious method."

The measure which I would warmly commend, and which I have used for years with entire satisfaction, for the expulsion of the retained ovum is the intra-uterine injection of hot water, made antiseptic by the addition of carbolic acid or salicylic acid. The patient lies on her back across the bed, with her hips near the edge, with a bed-pan placed beneath her. The physician then takes a syringe and attaches to its nozzle, by a piece of rubber tubing, a flexible male catheter. With the forefinger of one hand in the vagina, this can be readily guided into the os externum and thence into the uterine canal, taking care to expel all air in the first instance. It is important, of course, that the uterine canal should not embrace the catheter too closely, as there ought to be sufficient space for the free escape of the water pumped in. The first attempts should be exceedingly cautious, and the water must not be thrown in under too great a pressure. The hot water acts in two ways—partly mechanically and partly by stimulating the uterus to energetic contraction.

It is but right to state that this practice is condemned by one eminent authority, Dr. Carl Braun. His objection to the use of injections is based upon the assumption that there is danger that the fluid injected may escape through one of the Fallopian tubes into the abdominal cavity, and thus cause peritonitis. I believe his apprehensions, however, are groundless, if the canal is open, as it almost

always is soon after the escape of the fœtus (and these are the cases we now have in view), and if, moreover, we are careful in making the first injections. The hot water soon relaxes any constriction or tendency to spasm at the internal os, and its escape from the uterine cavity is thus facilitated. It is also important to introduce the index finger of one hand (the left by preference) into the vagina, when making the injection, and press back the posterior wall from the os externum to still further promote the free discharge of the water. This finger will also detect the presence of pieces driven into the cervix as far as the os externum. Withdrawing the catheter now and using bimanual manipulation, the uterus can be depressed so as to allow the finger in the vagina to pass into the cervical canal and remove its contents—the finger acting as a hook. The hot-water injections can then be again employed until other portions are either driven into the cervix or forced into the vagina. Even if all the portions of the ovum are not expelled now, the hot water arrests all tendency to hemorrhage, and in the course of the next twelve or twenty-four hours can again be called into play. After finishing the injection, a pledget of absorbent cotton wrung out of a $2\frac{1}{2}$ per cent. solution of carbolic acid and saturated with glycerine, is placed against the os externum. If we have succeeded in cleaning the uterus of its contents, we need not use the injections the next day; but if there is any uncertainty they should be given. It is a matter of importance that no fluid should be left in the uterine cavity, as violent uterine colic might otherwise ensue; therefore, in withdrawing the injection tube (or catheter) the hand above the pubis should grasp the fundus through the abdominal walls and force out its contents.

If the membranes have ruptured some time before the physician is summoned, and the cervix has closed so as not to allow the passage of the finger, I would most earnestly advocate the use of chloroform or ether. It is then easy, as a rule, to pass the finger through the internal os and attain to the uterine cavity; so that by means of the co-operation of the other hand—acting through the abdominal covering—in bringing the uterus within easy reach of this exploring finger, the retained parts may be readily removed, either partially or entirely. In the first case, the hot-water injections are invoked and speedily complete the expulsion of the uterine contents. Those who have never made use of it will be astonished at the relaxing power of the anæsthetic, for the finger gains admission through an internal os under its influence, where before it seemed rigidly closed. It need hardly be said that the facilities afforded for bimanual investigation are thereby greatly enhanced.

We have seen that one important indication of treatment, in abortions, is to secure perfect involution. In the use of intra-uterine injections of hot water, we have a therapeutic measure at our command incomparably superior to any other in effecting this result. I would, therefore, most earnestly deprecate the practice of those who find an exponent of their views in the French author Cordes (*Annales de Gynécologie*), who will wait, even when the placenta has undergone putrefactive decomposition, for the uterus to expel its contents spontaneously, and rely upon the internal administration of ergot and quinine to stimulate uterine contractions. Under such treatment, I have seen a patient, the subject of a metrorrhagia, protracted a year subsequent to the abortion—the uterus in a condition of

subinvolution requiring a long course of treatment for its relief. In some cases, the physician does not see the patient who has aborted until a number of days have elapsed after the expulsion of the fœtus, and the os externum and cervical canal are completely closed. Under such circumstances, we must first dilate with tupelo or laminaria tents, first making them thoroughly antiseptic, and then proceed as before with the hot-water injections.

If the retained portion of the ovum undergo putrefactive decomposition, which almost exclusively occurs after preceding attempts at removal, their removal is doubly indicated. Nay, inflammatory phenomena in the uterus and in its vicinity, high fever and septic conditions must rightly demand the removal of the decomposed masses and the drainage of the cleansed uterus. We should not be deterred by the reflection that, in the removal of the remnants, new blood-paths are opened, which might absorb the products of decomposition. Since the removal of the foreign body, undergoing putrefactive decomposition, is the more urgently indicated the worse the phenomena are; and since, after its removal, in the repeated washing out of the uterine cavity with solutions of carbolic acid, or in its permanent irrigation in drainage, we possess a means of making the secretions of the uterine cavity innocuous. Says Kleinwächter (*Grandrft der Geburtshuefe*), "should fever have already appeared, should inflammatory phenomena of the uterus or of its vicinity have shown themselves, the retained parts must the more likely be removed. We observe, in correspondence therewith, that after their removal, the general condition immediately improves and convalescence soon follows.

It is not necessary to insist upon the value of the use of the vaginal douche of hot water, repeated several times daily, and continued for at least two weeks after the abortion.—*Med. Mo.*

OVARIAN TUMOR.

Read before the Pennsylvania State Society.

BY

T. C. WILLIAMS, M. D.,

Philadelphia.

Mrs. S——, a widow, but with several children, age about fifty years, had been a patient of mine for many years. For twenty or twenty-five years she had been suffering from a fibro-cystic growth of the right ovary; at the same time I suspected an enlargement of the left ovary, but it could not be clearly defined. She had been tapped once, now more than twenty years ago, by Dr George McClellann, of this city, with the happy effect of keeping down its rapid development, or preventing its filling up. At the time of my first visit she measured sixty-four inches around the umbilical region, with a decided tendency to a right-sided œdema of the legs, genitals, and abdomen. There was a sensation, to the touch, as though pus was present, but without any fluctuation. She had short and difficult breathing, and could sleep only when she was lying in a semi-prone position. An examination per vaginam showed the uterus to be in front of the abdominal growth, distinct in outline, and movable. There was a slight inflammatory condition of the vagina and rectum. As she was suffering very much with oppression of the breath, and medicinal treatment seemed to be of no avail, it was decided to perform the operation of tapping.

This was done, and about fifteen quarts of a varied colored, gummy fluid was withdrawn. I had given her *Oleum terebinth.*, with good success heretofore, but after the tapping I gave her *Arsen.* alb. 200, three or four times a day. Her improvement was remarkable, and lasted for over a year. At the end of this time we had to repeat the tapping at shorter intervals, until, finally, in an extreme degree of emaciation, she sank from exhaustion. The special feature of this case to which I desire to call attention is, the fact that the tapping extended over a period of twenty-five years.

HOMŒOPATHIC MEDICAL SOCIETY OF NORTHERN NEW YORK.

The annual meeting of the Society was held at Saratoga August 9, 1881, Dr. S. J. Pearsall in the chair.

Drs. E. H. Eisenbery, of Gloversville, and C. B. Walrad, of Johnstown, were elected members of the Society. Drs. Charles Woodhouse, of Rutland, and M. E. Smith, of Morrisville, Vermont, being present, were elected honorary members.

A committee appointed to prepare certain alterations of the constitution and by-laws, presented a report, which, on being read by sections was adopted without essential change.

Dr. Niver related the history of cases of typho-malarial fever, several of which recently occurred in the village of Cambridge, the origin of which was clearly traceable to obstructions of a waste-pipe opening into a small cess-pool, within a few feet of the house. The stench from the half-covered tub, into which the waste-pipe emptied, was very oppressive and sickening, as soon as its contents were agitated. Convalescence of the patients began as soon as the cleans-

ing and disinfection of the cess-pool was effected.

Dr. French related the circumstances of a case which had recently come under his observation as coroner, that of a man found dead in an unfrequented place.

Dr. Paine exhibited a jacket made of strips of cloth of loose texture, saturated with shellac and glue, so contracted over a plaster of Paris model as to conform to the exact size and shape of the body. The appliance is designed to afford support in cases of spinal irritation and inflammation.

He also described the features of a case in which treatment by hard-rubber tents had been very successfully applied.

Dr. Mosher presented a report of the number of cases under treatment during six months, from January to July, at the Albany Homœopathic Hospital.

Dr. Paine read a paper relating to the new law providing for the registration of plumbers and the legal supervision of all plumbing work in the cities of New York and Brooklyn.* The following extracts are of general interest :

REASONS INDICATING THE NECESSITY OF LEGAL SUPERVISION.

The danger to health and life growing out of imperfect drainage, particularly in densely populated cities, has of late years become so plainly evident as to require a resort to legal protection and supervision. The actual, pressing necessity of a system of rigid supervision has been demonstrated by the repeated occurrence of rapidly fatal filth diseases, resulting, beyond all question, from the presence of sewer gases. Septic diseases prevail in tenement houses of the middle and lower classes, and also with alarming frequency and

*Session Law 1881, Chapter 450.

fatality, in new and well appointed buildings situated in otherwise healthful localities.

The upper stories of dwellings have been hitherto considered more exempt from septic diseases; of late, however, it has come to be generally conceded that high houses rather afford a favorite nidus than otherwise, and that the danger increases proportionately with the altitude of the building, a fact which seems to be fairly attributable to defective drainage and ventilation of the soil and waste-pipes.

The more prominent reasons which render legal assistance necessary are, the ignorance and cupidity of the owners of dwellings, and the ignorance and selfish interests of contractors, builders and plumbers. How to set these aside in the interests and welfare of dwellers in cities has puzzled the wisest humanitarians. Efforts chiefly directed to the dissemination of knowledge on this subject have been chiefly relied upon; but method, although well-directed, is too slow; while the people are being educated, thousands are dying daily through inadequate sanitary safeguards.

With the exception of those houses only in which special provision is made by those who have competent knowledge it is safe to assume that the arrangement of plumbing work is almost uniformly such as to provide for the formation and accumulation of foul gases in the waste-pipes and at the same time force their expulsion into the interior of the buildings, thereby constituting a direct and constant source of contamination of the air in dwelling houses.

Instances are constantly occurring in every part of the country in which fatal diseases directly result, without a shadow of doubt from gross ignorance or carelessness on the part of

those to whom plumbing work is entrusted. These cases are by no means infrequent. They clearly point out the necessity of selecting and adopting a reliable system for the construction of all plumbing work, and, approved by competent authority, its enforcement by legally appointed officers.

It is plainly obvious, that to secure this desideratum, a greater degree of knowledge on the part of the public is required than has heretofore existed, in order to sustain and thoroughly enforce provisions of law which would at first appear to be subversive of personal rights and the liberty to control ones own property as he may elect.

It is found that the evils in question grow out of conflicting opinions the theories, often diametrically opposite, regarding the expediency of applying or of entirely ignoring well known essential principles of construction. This anomalous condition having arisen on account of the absence of any standard of form, it is demonstrated that uniformity of action and completeness and efficiency of construction, can be secured only by the organization of a system to which all must conform; one of sufficient simplicity, yet abundant in resources and adaptation, to meet the requirements demanded by the public welfare.

These well directed effects have finally culminated in the enactment of the present law, which now applies to the cities of New York and Brooklyn only, but which, it is hoped, will be ere long so amended as to extend its wise provisions to every portion of the State.

The law provides for the registration of all parties engaged in the business of plumbing. A violation of its provisions is made a misdemeanor. It requires all plumbing and draining

work to be constructed in accordance with plans to be approved by the Boards of Health of these two cities respectively. By this means only can there be secured the requisite thoroughness, efficiency and uniformity of construction, hence the necessity and usefulness of the law.

The officers elected for the ensuing year were :

President—Dr. W. W. French, of Ballston.

Vice President—Dr. E. H. Eisenbrey, of Gloversville.

Secretary and Treasurer—Dr. H. M. Paine, of Albany.

Censors—Dr. J. F. Niver, C. M. Mosher, C. B. Walrad, J. A. Pearsall, Lewis Faust.

The semi-annual meeting of the Society will be held at Albany, on the second Tuesday in April, 1882.

H. M. PAINE, Secretary.

AMERICAN PÆDOLOGICAL SOCIETY

This young and rapidly growing society, held its second annual session in the New York Homœopathic Medical College, on Monday, June 13th, 1881.

The society was called to order at 10 o'clock A. M., the President, Dr. T. C. Duncan, in the chair. Dr. Lilienthal welcomed the society to the City of New York, after which the president delivered his address.

The secretary, Dr. Cranch of Erie, being absent, Dr. W. P. Armstrong of Lafayette, Ind., was elected secretary, *pro tem*.

On motion, it was decided that all those present be considered as members, and invited to take part in the proceedings.

A committee previously appointed, presented a draft of a constitution and by-laws, which, with some modifications were adopted. The by-

laws provide that the meetings of the society shall hereafter be held during the meetings of the American Institute; that applications for membership must be approved by the board of censors and confirmed by a regular vote of the society, and that each member shall pay one dollar per annum for the purpose of meeting expenses.

Infantile Eczema being the first subject for consideration, the president read a paper on that disease, by Dr. Cranch. Drs. Lilienthal and Deschere also read able papers on the same subject. Dr. Owens of Cincinnati, then opened the discussion, which was participated in by a large number of those present, and occupied the remaining portion of the morning hours, and the beginning of the afternoon session. On motion of Dr. Owens, the subject not being exhausted, was continued for the next meeting.

On the remaining three subjects, no papers were presented. Dr. Armstrong opened the discussion on infantile tonsillitis. Dr. Duncan that on chronic gastro-enteritis of infants, and Dr. Lilienthal on cephalic symptoms of capillary bronchitis. Many of those present took part in the discussions, which were both interesting and highly instructive.

Dr. A. A. Camp of Minneapolis, Minn., and Dr. E. Hasbrouck of Brooklyn, having made formal application by letter, were then elected to membership.

The following gentlemen were appointed by the president, to prepare papers to be read at the next meeting of the society: Dr. Martin Deschere, New York, capillary bronchitis; Dr. W. C. Earle, Chicago, diphtheritic croup; and Dr. J. P. Mills, Chicago, elementary infantile foods.

The following officers were then elected for the ensuing year: Presi-

dent, Dr. S. Lilienthal of New York; Vice-President, Dr. W. B. Chamberlain, of Worcester, Mass.; Secretary and Treasurer; Dr. W. P. Armstrong, Lafayette, Ind.; Censors; Drs. George F. Foote, Stamford, Conn.; T. C. Duncan, Chicago; M. Deschere, New York; E. W. Jones, Taunton, Mass.; and D. Foss, Newburyport, Mass.

On motion, the society adjourned to meet again the next year, during the annual session of the American Institute of Homœopathy, and at some place convenient to the same.

W. P. ARMSTRONG, M.D.

THE ETIOLOGY OF GANGRENE OF THE MOUTH (NOMA).—Dr. Krasine (*La France Medicale*, 1881, p. 657; from *Vratchebniya Vaidomosti*) gives the case of two persons—a mother and daughter, aged respectively 48 and 8 years—who, following the endurance of great hardship, were attacked with gangrene of the face. Examined in the hospital two weeks after the beginning of the disease, for which neither treatment nor attention had been previously obtained, the greater part of the right cheek was found in both cases to have been destroyed by gangrene. The patients died after a fortnight's stay in the hospital, the disease having run a course of a month, which is rare in fatal cases. Krasine, in reporting the cases, discusses the pathogeny of noma in general. It is rarely found in adults,—usually in children of ten or twelve years, following eruptive or intermitent fevers. Its occurrence is favored by bad alimentation, damp dwellings, and the abuse of mercury. It is more frequent among girls than among boys.

Noma generally begins by the appearance of a patch of induration sit-

uated on the mucous surface of the cheek near the labial commissure, and which is quickly surrounded by minute phlyctenulæ. The neighboring parts swell, the patch becomes black, it spreads on the surface and deeply, the soft tissues become involved, and even the bone is affected. After the removal of the sphacelated portions a hideous hole remains in the side of the cheek. Death occurs in seventy cases out of one hundred. In case of cure, extreme disfigurement, with adherent cicatrices, is apt to ensue.

This disease has sometimes been considered to originate in some disorder of the nervous system, particularly the vaso-motors of the face. Krasine, however, is inclined to think that it is due to a cutting off of the blood-supply in an anæmic and broken-down person by the exercise of pressure. This pressure may in some cases be the result of lying on one side or the other during a prolonged illness, and is thus nothing more than a gangrene from decubitus.

Noma is generally limited to one side of the face: it rarely attacks the other side. Above, it may reach to the border of the under eyelid and to the ear. It rarely passes beyond the border of the lower jaw. The tongue and the eye of the affected side remain untouched. Noma attacks children because, in Krasine's opinion, the amount of blood in the body is relatively smaller than in adults, nutrition changes are active, and anæmia is quickly produced and has grave consequences. Why the disease should attack little girls by preference is as yet inexplicable.

The treatment of noma has hitherto been by means of local remedies. Krasine, however, speaking from his point of view of the origin of the disease, urges improved nutrition, tonics, stimulants, etc., with simple antiseptic dressing.

THE
AMERICAN HOMŒOPATH.

*A Monthly Journal of Medical, Surgical
and Sanitary Science.*

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Charles E. Blumenthal, M. D., LL. D.

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EDITORIAL.

INTERNATIONAL MEDICAL CON-
GRESS (OLD SCHOOL).

Never before in the history of medicine has a more learned and august body of medical men assembled together for purposes of scientific discussion than that which gathered in London in the early part of August last. There were to be seen men whose names have become famous, not only in their own country, but throughout the civilized world, for the power and brilliancy of their original researches.

Royal patronage was lavished upon the Assembly, the opening exercises being favored by the presence of His Royal Highness the Prince of Wales and the Crown Prince of Germany. The opening address was made by the President, Sir James Paget, and was remarkable as a scientific produc-

tion and an oratorical feat. It is not possible here to give an adequate idea of its lofty tone. The whole address should be read by every physician in the land. The work of the Association was done in sections, a method which it seems advisable to follow in large gatherings of this kind. The Presidents of the various bureaus delivered addresses before their respective departments, all of which were models of learning and careful research. Professor Volkmann's address on "The Change which Surgery has Undergone During the Last Ten Years" was read by us with great interest. The antiseptic method is placed by him in the front rank of modern improvements, and as a resultant factor surgery is elevated to the position of the latest experimental science. In evidence he refers to two examples: the results of treatment in compound fractures and major amputations. He says, "The mortality after compound fracture had, during the long labors of my predecessor, as well as during my own, reached the sad height of forty per cent. When I adopted the antiseptic treatment of wounds, my last twelve patients with compound fracture of the leg had all died of pyæmia or septicæmia. From that time to the present day I have treated one after another 135 compound fractures, and not a single patient has succumbed to either of those accidental wound diseases; 133 men were cured, two died, one of fat embolism of the lungs during the first four

hours, and one, a drunkard, of delirium tremens."

"The number of amputations of the larger limbs which I have undertaken during the last few years amounts to more than 400. If I subtract those cases where death did certainly not result in consequence of the operation, but independently of this from some other serious complication, there results a mortality of four to five per cent., and the same number, as far as I can discover from the communication before me, was obtained in the other German hospitals in which antiseptic surgery is practised in full strength"

The plenitude of scientific material supplied to each section, and the character of the discussions which ensued, were alike noticeable and worthy of the highest praise. We could not fail to observe, however, the dearth of material supplied to the section on *Materia Medica* and *Pharmacology*. Considering the large number and character of the delegates, and that the gathering was one of world-wide significance, the paucity of the productions in this department is astonishing. It would seem as if skepticism in medicine, which was the theme of one of the addresses, had crept in here, and rendered the work of the laborers fruitless in results. There was nothing worthy of note presented in this section.

In sharp contrast to this is the work of the Homœopathic International Congress, which assembled one month earlier in the same city. The

treatment of disease, the study of drugs and drug action, seemed paramount in the minds of our brethren. In fact, we have become as a school, specialists in *Materia Medica*; we have penetrated deep into that storehouse of nature's treasures, from whence richest gems have come to us. In this field we are still advanced workers, and though our friends on the opposite side may not agree with us in the solution of that all-absorbing problem—the theory of drug action—they are fast recognizing the value of many of the remedies whose therapeutic application we have clearly defined.

Our brethren of the old school have made great strides in surgery, pathological and physiological research, and in many other departments of investigation pertaining to medicine. Nevertheless, as truth will prevail, so shall we some day witness the acknowledgment of our principle of drug action; and though now wide apart from our friends, the world will see that we have all been working toward one common end—the amelioration of the physical woes of mankind.

L. L. D.

ABSTRACTS.

LONG VERSUS SHORT MIDWIFERY FORCEPS.—The long double-curved forceps stands prominently forward, as the instrument of all others, scientifically fitted to meet the requirements of the obstetric surgeon. (*Braithwaite's Retrospect*.) To compare the long and short forceps together is to compare things com-

pletely incongruous; the one being an instrument almost perfect in its power of scientific adaptation; the other being essentially useless. Again, though so small and handy looking, the short instrument is really not of so easy application, for ordinary cases, as the long double-curved forceps. The pelvic curve in the long instrument makes its application, even in the middle of the bed, a matter of little or no difficulty. This pelvic curve also does away with the necessity of paying such strict attention to the position of the head, for the blades, of course, must be placed in one or other of the oblique diameters, and nearly parallel with the sides of the pelvis. It is in this position the blades have most room, and they naturally and easily glide into these spaces in the ordinary presentation. A purely lateral grasp of the head is still taught and practiced by some, but the oblique grasp of head was long ago pointed out by Smellie, insisted on by Simpson, and is still taught by Barnes, Playfair and other leaders in the art. An apparent exception to this rule is, of course, found in cases where the head is quite down on the perineum, and in the ordinary position of face looking directly backward to the sacrum. Here, the grasp, as a rule, is more on the lateral aspects of the head, one blade being before one ear, the other behind the opposite one. Like others I have applied the blades transversely—*i. e.* over the ears of the child—in order to rotate in cases of occipito-posterior position where, for some cause, natural rotation into occipito-anterior position had been arrested. This I now believe to be seldom necessary, as the pelvic curve in Simpson's long forceps (the instrument I chiefly use) is so slight, that *traction alone with the oblique grasp* will bring the head into its proper position.

SYMPTOMS IN DIFFERENT DISEASES.—Dr. Gorecke, as quoted in the *Glasgow Medical Journal* has tabulated his views as follows:

Blepharoptosis, or the falling of the upper eyelid, indicates paralysis, complete or incomplete, of the third pair.

Lagophthalmos, or inability to close completely the palpebral fissure, is a sign of facial hemiplegia, idiopathic or a symptom of cerebral disease.

Strabismus occurring suddenly, and accompanied by diplopia, is most frequently the result of some cerebral affection.

Xanthelasma (a yellow lamina sometimes met with in the skin) of the eyelids, occurs in certain alterations of the liver.

Sub-conjunctival ecchymoses are frequent in whooping-cough, and may sometimes, at the beginning of the complaint, clear up a difficult diagnosis.

Redness of the conjunctiva, watering of the eye, etc., indicate in the child the outbreak of some eruptive fever, particularly measles. The prognosis is favorable if the tears come when the child cries, but fatal if the secretion of the tears is arrested.

Spots on the cornea are often the indication of a strumous constitution.

Dilatation of the pupil, or mydriasis, indicates excessive fatigue, the existence of intestinal worms, meningitis in the second stage, or a true amaurosis. The dilatation is most frequently connected with atrophy of the optic nerve. It is seen also during an attack of epilepsy, on coming out of chloroform, after belladonna poisoning, etc.

Unequal dilatation of the two pupils points to the onset of general progressive paralysis.

Contraction of the pupil is one of the early symptoms of *tabes dorsalis*. It is met with also at the beginning of

meningitis, in opium poisoning, and in the first stage of chloral poisoning.

Deformation of the pupil, particularly after the injection of atropine, indicates an old iritis, in nine cases out of ten, of syphilitic origin, if not depending on some disease of the neighboring parts.

Cataract in subjects under say forty or fifty, is frequently of diabetic origin, and constitutes soft cataract.

Finally, the ophthalmoscope enables us to recognize the retinitis of albuminuria in Bright's disease, of simple polyuria, and sometimes in the case of women during pregnancy. Retinal hemorrhages, œdema of the retina, and embolism of its central artery, are sometimes met with in organic affections of the heart. Optic neuritis and perineuritis and atrophy of the disc are symptoms of syphilis, or of tumors in the neighborhood of the cerebellum or the *corpora quadrigemina*.

PURPURA HÆMORRHAGICA AS A NEUROSIS.—The nervous origin of certain cutaneous affections, says Dr. H. Leloir in *Le Progres Medical*, is a question of great interest at the present time. Recent observations tend to confirm the opinion of Drs. Stiel-dorf, Wagner, Henoch, Couty, and others as to the nervous origin of some cases of purpura. Rigal and Cornil (*Soc. Med. des Hôp.*, Fèv. et Mars, 1879), in discussing a case of acute purpura hemorrhagica of which they made an autopsy, propose the following conclusions: 1. Severe purpura hemorrhagica is a group of symptoms constituted essentially by hemorrhages in the skin and mucous membranes and by progressive weakness resulting in nervous exhaustion not always commensurate with the amount of hemorrhage. 2. Whatever are the other morbid conditions which may

have been concerned in the production of a given case of purpura hemorrhagica, it is necessary to include some trouble with the vascular innervation if we are to understand the causation of the hemorrhages. This nervous disturbance may be either excitation of the sympathetics or diminution in the action of the vaso-motor centres. 3. The alterations in the blood and the lesions of the vascular walls appear to be variable and inconstant. While admitting their importance, they appear insufficient to produce purpura hemorrhagica without some nervous perturbation.

Mackenzie (*Medical Times and Gazette*, March, 1877), referring to a case of purpura occurring in a young girl, and disappearing under the influence of treatment, only to reappear anew at the menstrual period, and giving rise to fatal symptoms, seems to think the affection due to an intracranial lesion. He does not, however, in the opinion of Dr. Leloir, bring forward sufficient proof to sustain this view.

Maiocchi *Lo Sperimentale*, February, 1877) thinks that purpura rheumatica belongs neither to a diathesis nor to a dyscrasia nor to an infection. He makes it out an affection of the vaso-motor system. Cavalier (*Bull. Gen. de Therap.*, 1879) reports a case of purpura hemorrhagica alternating with paralytic symptoms. Finally, Shand (*Lancet*, July, 1876) has obtained good results in purpura hemorrhagica by the use of electricity.

The attention of surgeons has long been drawn to certain scarlatiniform eruptions showing themselves after wounds and injuries. Authors are, however, far from being in accord in their views on the nature of these eruptions.

Stirling (*St. George's Hospital Reports*, vol. x., 1879), in an important and judicious memoir based on thirty-

nine personal observations, and after discussing all the cases of the kind which have been reported, concludes that these eruptions are sometimes those of true scarlatina, while at other times they are simply scarlatiniform and non-infectious in character, resembling in pathogenesis certain erythemata, herpes, and certain papular eruptions which show themselves after injuries. He classes them as vaso-motor eruptions, regarding them as similar to the rashes which often occur in recently-parturient women. Dr. Kidd (*Dublin Journal of Medical Science*, April, 1880), who has studied these last, calls them uterine erythemata or "roseola uterina." This rash shows itself without febrile disturbance or general symptoms on the third to the fifth day after confinement, and exercises no unfavorable influence on the course of the confinement.

Frilet ("Contribution à l'Etude des Manifestations herpétiques dans leurs Rapports avec le Traumatisme") asserts the fact of the occurrence of herpes after traumatism, and says that, although in some cases it may be accounted for by reflex action, yet it is usually the expression of a general cause exercising its influence on the whole organism, which the injury sets in action. Finally, Auspitz, in his new classification, has the class "angioneurotics," which includes peliosis rheumatica.

BUTTERMILK IN CHRONIC CYSTITIS.
—A correspondent of the *Louisville Medical News* writes as follows: "Under the head of Lactic Acid in Chronic Cystitis, in a recent number of the *News*, I was impressed with your suggestion to try the use of copious draughts of buttermilk alone. Having on hand at the time a case of chronic gonorrhœal cystitis that had resisted all the usual methods of treatment, I

at once discontinued all other remedies and directed the free imbibition of buttermilk. At my next visit, four days afterward, I had the satisfaction of finding the patient well, and at present writing there has been no return of the symptoms. As the results in a single instance are not conclusive, I would urge our professional brethren to give this simple remedy further trial.

THE TURKISH PIPE IN PHTHISIS.
—Phthisis is uncommon in mountainous countries, among those inhabitants who live much out of doors (*Maryland Med. Jour.*) They are broad and deep-chested. Now, have we any means of inflating the lungs and giving phthysical patients the advantages which pertain to a mountainous country? I think we have in the Turkish pipe, which is used all over Turkey, and particularly in Syria, Egypt and Asia Minor. They smoke their tobacco by having it pass through water and a long flexible tube, which varies in length from 6 to 12 feet. They have to exhaust quite a quantity of air from the tube in order to get the smoke. A very full inspiration has to be taken in doing that, and the result is that the whole chest is filled with air. It is a very pleasant way of smoking, and I have no question at all but what it would cure many cases of incipient phthisis. The amount of inspiratory power that some of these Arabs acquire from the use of these pipes is surprising. A certain Scotchman's family all died of phthisis, his father and other members of the family, and he was the only one left. He himself had a phthysical aspect. He went to Mount Lebanon on that account, and he lived there for a number of years. He is still living, being almost eighty years of age. He puffed habitually at one of these pipes for a number of years, and be-

came able to take a much longer breath than he possibly could under any ordinary circumstances.

A NEW METHOD OF SUPPLEMENTARY ALIMENTATION.—Dr. Sansom, following out the method proposed and first adopted by Dr. Smith, of New York, has made frequent and successful use of blood enemata.—(*Louisville Med. News*). He employs ox blood most frequently, though sheep's blood is also of value for this purpose. It is necessary that it should be defibrinated the moment it is drawn. Butchers understand this process, and will supply what is called "whipped" or "stirred" blood. It is of course requisite that the blood be fresh—that it is not kept more than a single day. Dr. Smith states that the addition of a grain or a grain and a half of chloral hydrate to each ounce of blood serves to prevent decomposition any to avert any offensive odor in the digestion. In urgent cases, where there is no stomach digestion, two or three ounces of blood may be injected into the rectum every two or three hours. The fluid may be warmed by placing the containing vessel in hot water, though it is often borne equally well when cold. For chronic cases, in which it supplements stomach-alimentation, it is administered in quantities of from two to six ounces once or twice a day. In some cases its use tends to promote constipation; in a very small percentage the opposite condition of irritability. Blood enemata thus administered present many practical advantages. The supply is easily obtained; the cost is very small—a really important point among the poor when a long-continued course of nutrition per rectum is ordered, one which hitherto has entailed a large outlay for the juice of meat and adjuncts—and the evidence of success is considerable.

On the other hand, in procuring the supply of fresh blood there may be some difficulties; especially is this the case when it is wanted in a great hurry; when, for example, the administration of blood per rectum is suggested in a case where direct transfusion might heretofore have been adopted. The difficulty is now overcome, because the blood is prepared, concentrated, and preserved in tins, and thus is ready for immediate use. The preparation of this sanguis bovinus exsiccatu is conducted under the direct supervision of Dr. J. J. Craven, inventor of the great ship-refrigerators for preserving meat during ocean voyages. The blood is taken from selected animals, and these are bled to death; this, it is said, being the only method of obtaining the blood duly arterialized. The blood is carefully dried at a temperature which never exceeds 110° F. Thus prepared, desiccated blood is soluble in water at temperatures below 160° F., and contains all the elements of healthy blood save water and fibrine. To prepare the injection, the concentrated blood is dropped into the warm fluid which is to constitute the injection, a fluid dram of the ordinary blood.

ERRATA.

We regret to have to call the attention of our readers to a mistake which occurred in the September number of the HOMEOPATH.

The paper entitled "Malaria vs. Brains" was erroneously credited to Dr. Taylor of Crawfordsville. It was written and sent by our esteemed contributor Dr. McNeil, of New Albany, Ind. We have been unable to discover to whom the mistake ought to be attributed.

Another error appears also in the same number. In speaking of a prac-

tice which Dr. Charles wishes to dis-
pose of, it should read Nevada City,
California, not Colorado.

Wanted, AM. HOMŒOPATH, Janu-
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same. Address Box 3519, New York.

ITEMS.

—Dr. H. N. Brazie has removed from
Bristol Ind., to Minneapolis, Minn.

—The Woman's College of New York
opened successfully its nineteenth session,
Oct. 3, at the College building.

—Dr. M. H. Henry, of New York,
strongly recommends Horsford's Acid Phos-
phate in nervous diseases, particularly of wo-
men.

—Dr. C. A. W. is respectfully referred to
Messrs. Codman & Shurtleff, Boston; their
surgical instruments will be found invariably
reliable.

—Dr. R. Ludlam, the emineat practitioner
of our school, has made known to the profes-
sion one of the important uses of Clysmic
Water*, *i. e.*, in Cystitis.

—At the American Institute Fair in New
York the Jerome Kidder Co.'s electrical in-
struments are one of the most worthy attrac-
tions, and seem destined to take the usual
medal for superiority.

—In diseases where the use of pepsin is
indicated I have frequently failed to secure
any benefit other than *temporary* relief, and
in similar cases find that Lactopeptine will
insure a *permanent* cure.—*Dr. Moore.*

—Hulburt's Homœopathic Pharmacy is un-
doubtedly the finest in the world. Visitors
to New York should call, if for no other
reason than to see, in its size and elegance,
the best possible indication of the progress
and importance of Homœopathy.

—The New York Ophthalmic Hospital for
Eye and Ear reports for the month ending
August 31, 1881: Number of prescriptions,
3,775; new patients, 620; patients resident
in the hospital, 17; average daily attendance,
140; largest, 191. Charles Deady, M. D.,
resident surgeon.

—A noted physician credits something of
his success in curing patients to his custom
of providing "amusement for the mind"
when ever practical, and he has found the

Mechanical Orguinette a very convenient as-
sistant, it is so readily conveyed to any room,
and the degree of sound being under perfect
control.

—"PROOF OF THE PUDDING IS IN THE
EATING."—The old adage makes a happy
hit occasionally—in this case our leading phy-
sicians trying the intrinsic value of a prepara-
tion on themselves before recommending it to
their patients. Dr. H. S. Paine, Albany, N.
Y., and numbers of others write that they
tried POWELL'S BEEF, COD LIVER OIL AND
PEPSIN, (the superior food tonic nutritive and
digestive), on themselves, with most benefi-
cial results, and recommended it with pleas-
ure to others.—*Bulletin.*

—THE MANAGEMENT OF SICK CHILDREN.
—The vicissitudes necessarily incident to an
out door and primitive mode of life are never
the first causes of any disease, though they
may sometimes betray its presence. *Bron-*
chitis, now-a-days perhaps the most fre-
quent of all infantile diseases, makes no ex-
ception to this rule; a draught of cold air
may reveal the latent progress of the disor-
der, but its cause is long confinement in a
vitiated and overheated atmosphere, and its
proper remedy ventilation and a mild,
phlegm-loosening (accharine) diet, warm
sweet milk, sweet oatmeal porridge, or honey-
water. Select an airy bedroom, and do not
be afraid to open the windows; among the
children of the Indian tribes who brave in
open tents the terrible winters of the Hudson
Bay territory, bronchitis, croup and diphtheria
are wholly unknown; and what we call
"taking cold" might often be more correctly
described as taking *hot*; glowing stoves, and
even open fires, in a night-nurery, greatly
aggravate the pernicious effects of an impure
atmosphere. The first paroxysm of *croup*
can be promptly relieved by very simple rem-
edies: fresh air and a rapid forward and-
backward movement of the arms, combined
in urgent cases with the application of a
flesh-brush (or piece of flannel) to the neck
and upper part of the chest. Paregoric and
poppy syrup stop the cough by lathargizing
the irritability and thus preventing the dis-
charge of the phlegm till its accumulation
produces a second and far more dangerous
paroxysm. These second attacks of croup
(after the administration of palliatives) are
generally the fatal ones. When the child
is convalescing, let him beware of stimulating
food and overheated rooms. Do not give
aperient medicines; costiveness, as an after-
effect of pleuritic affections, will soon yield to
fresh air and a vegetable diet.—DR. FELIX
L. OSWALD, in *Popular Science Monthly*
for October.

*See page 583 of Diseases of Women, fifth edition.

THE
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Vol. VII.—NOVEMBER, 1881.—No. 11.

ON THE USE OF DISINFECTANTS
AND ANTISEPTICS IN THE MAN-
AGEMENT OF CONTAGIOUS AND
OTHER DISEASES.

BY

A. R. THOMAS, M. D.*

Philadelphia, Pa.

The generally received theory of the origin of contagious diseases from some obscure poison in the atmosphere, either gaseous in its nature, or from some minute animal or vegetable germs, gives increased importance to the subject, of the employment of disinfection in the treatment of those diseases. It is not only the acknowledged contagious and infectious diseases, however, that may come within the range of disinfective treatment, but possibly many epidemics, as of influenza, diarrhœa, etc., may have a similar origin, and when thoroughly understood, be capable of more ready control, by the employment of similar measures. He

who might attempt the treatment of the effects of a certain parasitic infection without taking any measures for destroying the parasite itself, would subject himself to the charge, at least, of a great inconsistency, while he would no doubt find himself baffled in the accomplishment of his purpose. So, also, in the treatment of contagious diseases, a neglect to resort to such disinfective measures, as may be necessary for the comfort of the patient, or the protection of others, would no less expose the physician to the charge of inconsistency, if not culpability.

The claim that has been made that the action of homœopathic remedies are interfered with, or wholly destroyed by any active or odorous substances in contact with, or in the immediate presence of the sick, has never, in our judgment, been well sustained, either by arguments or by facts. On the other hand, there is abundance of evidence, that the action of remedies is not easily, or often interrupted, either by the inges-

*Read before the Homœopathic Med. Soc., of the State of Penn., Sept., 1881.

tion of articles of a medicinal nature in a crude form, or by the presence, or even external application of others, possessing decided chemical power, or sensible olfactive properties. Hence with our present knowledge of contagion, and contagious diseases, in the treatment of these affections, it becomes the duty of the physician to employ every known means for *preventing the spread* of the disease, as well as for *curing* his patient.

The objects had in view in the employment of disinfectants, or antiseptics, are, first, that of destroying the various infective matters that may be the means of disseminating disease, and second, that of removing offensive odors that may, or may not contain the germs of disease, or be prejudicial to the health or comfort of the patient, or of those around him.

As already intimated, the sources of contagious diseases, may be either poisonous gases, or minute animal or vegetable germs.

Any substance therefore, possessing the power of destroying either of these, may be considered as a disinfectant. A large number may be included in the list, but no one article however will be found to possess every quality necessary for a universal disinfectant.

LIST OF DISINFECTANTS.

Disinfectants are capable of being divided into three classes. 1st Physical agents—heat and cold.—2nd Volatile or vaporizable substances which attack impurities or disease germs in the air; 3d Chemical elements which act on the diseased body, or as the infections discharge themselves. I shall consider them in the above order.

Dry heat at a temperature of 220° to 250°F. It is well known that the above temperature will most effectually destroy all organic germs; hence

it becomes a powerful disinfectant, adapted however only to a limited use. It may be employed for the disinfection of clothing, bedding, etc., but as large ovens will be required for the employment of this method it cannot generally be made use of. In some of the large cities of England, the Boards of Health provide large chambers of solid brick work, capable of being heated to the required degree. The same should be provided in the large cities of our own country.

Boiling temperature of water. Articles of clothing, bedding etc., may undoubtedly be thoroughly disinfected by careful boiling. If soda or carbolic acid be added to the water, the effectiveness of the process will be increased. This method presents certain advantages over the former, being probably quite as effective, and for most articles more convenient.

Cold.—It is well known that a temperature below the freezing point will destroy many minute organisms, but probably by no means all. Hence cold can be employed only for arresting or allaying putrefactive changes, and is of moderate value as a disinfectant.

Chlorine.—This is one of the most powerful deodorants and disinfectants known. The most offensive odors cannot long exist in an atmosphere containing free chlorine, while it is highly destructive to all minute vegetable or animal life, or even to the life of higher animals, when inhaled in a concentrated form. When continually inhaled by healthy persons, even in a dilute form, it acts as an irritant to the lungs. It is claimed that its constant use in the hospitals of Paris, at one time, induced phthisis with many of the patients. For use in the sick room chlorine is best obtained from chloride of lime. Placed upon the floor in shallow open dishes there will be a sufficiently rapid dis-

engagement of the gas to answer the purposes of the sick room. For a more rapid evolution of the gas any mineral acid may be added in small quantities. The irritating effects of this gas upon the lungs, with its own disagreeable odor, detracts somewhat from its usefulness in the sick room. For unoccupied rooms, passages, water closets, drains, etc., it is admirably adapted.

Sulphurous Acid.—This substance, like chlorine, possesses powerful disinfecting properties, and, being also a gas, its powers of diffusing itself into every crack and crevice, renders it admirably adapted to the purpose of fumigating rooms, holds of vessel, or any place that may be tightly closed. It is most readily produced by burning sulphur or roll brimstone in the room to be disinfected, as will be directed further on.

Carbolic Acid.—This is generally admitted to be one of the best substances for direct application, in solution, to the part or object to be disinfected. Although it is possible, by means of the spray, to more or less completely fill the atmosphere of a room with a solution of this substance, yet it can never be made to take the place fully of the gaseous disinfectants, chlorine and sulphurous acid, for the purposes for which they are usually employed. Solutions, of various degrees of strength (one part in twenty, forty, sixty, of water), are admirably adapted to disinfecting of such articles of bedding or clothing as may be immersed or boiled in the same; for washing furniture, floors, etc., and for the disinfection of instruments, sponges, etc., and for direct application to foul ulcers, suppurating wounds and general personal disinfection.

Potassa Permanganate.—This substance forms a very good disinfectant for use by direct applica-

tion, in solution of from one to ten grains to the ounce of water. It may be used for similar purposes as the carbolic acid, and has the advantage over that of being without odor. Its powerful coloring properties however, may be an objection where white goods are to be disinfected.

Zinc Sulphate.—In this substance we have one of the most powerful antiseptics, and disinfectants known. Capable of thoroughly arresting decomposition of animal tissues, it is admirably adopted for the preservation of bodies, for the dissecting room. A pint of the saturated solution in a gallon of water, injected into the arteries, will preserve a body for an indefinite period, even in warm weather. Acting only by direct contact, its caustic and corroding properties, render it less useful for purposes of personal disinfection than some others. For drains, privies, the excreta of patients suffering from infectious diseases, it is one of the best disinfectants in use.

Chloralum.—This substance which is an impure solution of chloride of aluminum, is a powerful disinfectant, and possesses the advantage of being odorless, non-poisonous, and cheap. It may be used for surgical wounds, offensive suppurations, etc. It may be diluted with from four to eight times its bulk of water.

Iron Sulphate.—From its cheapness and valuable properties, this substance becomes one of the best articles for water closets, urinals, drains, etc. It may be used in brick or by means of a saturated solution.

Charcoal.—As a deodorizer, this is one of the best known substances, when it may be brought into direct contact with the part or substance giving off the fetor. Finely or coarsely pulverized, according to the use to which it is put, it may be used dry when thrown upon masses of decay-

ing vegetable or animal matter, or made into a poultice and applied to gangrenous or other offensive ulcers.

Quicklime and Dry Earth.—These articles are never to be forgotten where large masses of decomposing matter are to be disinfected. They should be used freely, and renewed from time to time. Street dust will often afford a convenient form of dry earth, especially in the country. Privies are perhaps as well disinfected by these substances as any others.

DISINFECTING COMPOUNDS.

Several disinfecting compounds have been devised and placed in the market, some of which are known and used in this country, others only abroad. Among the more important may be mentioned:

Labarraque's Solution.—This preparation, found in every drug store, consists of solution of chlorinated soda, produced by the action of a solution of chlorinated lime, upon one of carbonate of soda. It has been found most useful for disinfection in a small way in the sick room, and for general local disinfection. Diluted with from eight to twelve parts of water, it may be used as a gargle in offensive ulceration of the throat, and as a vaginal injection, diluted with fifteen to thirty parts of water; it may be sprinkled over the bed, or about the room, and clothes saturated with dilutions of various strengths, placed directly upon offensive sloughing parts.

Burnett's Disinfecting Liquid, is nothing but a saturated solution of zinc in hydrochloric acid, or in other words, it is the chloride of zinc before described.

Condy's Disinfecting Fluid, is but a solution of the alkaline manganates and permanganates, and possesses no advantage over other disinfectants.

Bayard's Disinfectants consist of a mixture of sulphate of iron, dry

earth, lime and coal tar. As a bulky disinfectant for privies, etc., it has been found very useful.

Sirel's Disinfecting Compounds, are two in number. No. 1. Sulphate of lime, 53 lbs.; sulphate of iron, 40 lbs.; sulphate of zinc, 7 lbs.; charcoal, 2 lbs. No. 2. Sulphate of iron, 20 parts, sulphate of zinc, 10 parts, wasted tan bark (in powder) 4 parts; coal tar, 1 part; make into balls. These may be used to advantage in many cases, but it is doubtful if, while more troublesome to prepare, they are any better than ordinary disinfectants.

Carbolic Soap.—This compound may generally be found in the market, and there can be no question of its usefulness for disinfecting the hands, for washing infected clothing, furniture, etc., or for use in urinals. This article should be in constant use while any contagious disease is present in the family.

Platt's Chlorides.—This is a new preparation recently introduced, and is said to be a saturated solution of the chlorides of zinc, lead, calcium, aluminum, magnesium and potassium. It is an odorless solution, and is said to possess wonderful disinfecting, deodorizing and antiseptic properties. For general use in the sick room, it may be diluted one part to ten of water, and sprinkled freely over the bed, carpet or floor. Cloths may also be wet in the solution, and suspended in the room. This article would appear to possess every quality for a universal disinfectant. While the list of articles capable of being employed as disinfectants has by no means been exhausted in this enumeration yet the more important substances have been noticed, and probably a sufficient number for all practical purposes.

OBJECTS SUSCEPTIBLE OF DISINFECT- TION.

It being fairly presumable that the

germs of contagious diseases may more or less pervade the atmosphere of the sick room, and attach themselves to the various objects therein, furniture, walls, clothing, etc., all of them should be subjected to the process of disinfection.

Atmosphere of Sick Rooms.—Disinfection of sick rooms should consist: First, in partial disinfection while occupied, and second in thorough disinfection after the room is vacated. The former may be best accomplished by thorough ventilation, occasional wiping up of the floor with carbolized water (carpets should always be removed in cases of small pox or scarlet fever,) and sprinkling the bed with the same, or with diluted chloraline or Labarrayue's solution. For thorough disinfection of a room, it must be vacated all metallic articles, including pictures with gilt frames be removed, doors and windows carefully closed, and made as tight as possible. Clothing or bedding to be disinfected at the same time, should be spread upon chairs, etc., in such a manner as to expose all parts as much as possible. Sulphuric acid fumes should now be generated in the room, in the following manner: Place one to two pounds (according to the size of the room) of roll brimstone in an open iron or tin vessel on the floor in the middle of the room on bricks—to be ignited. The room should remain closed tightly for at least twelve hours. It may then be opened and thoroughly aired. To complete the work, the furniture and floor may be washed in carbolized water (1 part to 40 or 60 of water), the ceilings and walls whitewashed, or newly papered, and the woodwork receive a coat of paint. A room and its contents thus treated, may be considered as thoroughly and safely disinfected.

Clothing.—All bedding, with the exception of mattresses, pillows, and

feather beds, as well as the under-clothing of the patient, are best disinfected by thoroughly boiling in soda or carbolized water. Rags badly soiled with discharges better be burned. Mattresses, feather beds, and pillows can be thoroughly disinfected only by removal of contents, and baking the same while the ticks are boiled. A partial disinfection may be secured by carefully sponging the seams about the tufts and the surface generally with strong carbolized water (1 part to 20 of water). In bad cases, in the absence of facilities for subjecting bedding to high heat, it better be burned at once.

Privies, cesspools, etc., may be best disinfected by the free use of dry earth, quicklime, or sulphate of iron, in bulk or strong solution. These should be frequently renewed. In water-closets of course only liquid or soluble disinfectants can be used. Frequent flushing with water should be employed, and an occasional handful of sulphate of iron thrown into the basin. This, slowly dissolving, thoroughly disinfects. The same, or carbolic soap may be placed in urinals. The new disinfectant, Platt's Chlorides, would be an excellent article for all of these purposes.

DISEASES IN WHICH DISINFECTANTS SHOULD BE EMPLOYED.

Small-pox.—From the highly infectious character of this much-dreaded disease, in the treatment of every case, even the most mild ones, every precaution should be employed for preventing the spread of the disease. The most important of these measures will relate to the use of disinfectants. This may be most effectively accomplished by the direct application of the disinfectants to the body, and to the various articles and objects in the room. It is generally conceded that gaseous disinfectants in this disease are of little use. The body of the

patient should be well anointed from time to time with carbolized oil (1 part to 20 of oil), or bathed in diluted chloralum or Platt's chlorides (1 to 10 or 20). All rags used about the patient should be burned. The mattress should be completely covered with a rubber cloth, with the sheet over this. Sheets, pillow-cases, and patient's clothing should be frequently changed. A bucket or tub, containing strong carbolized water or some other disinfectant, should be at hand, into which all clothing should be placed before removal from the room. The physician or nurse should wash the hands with carbolic soap, after every occasion for touching the patient. The "chamber" should contain at all times a small quantity of some disinfectant, and all passages are more safely disposed of by burial than in any other way. If thrown into water-closets or privies, care should be taken to thoroughly and frequently disinfect these. Upon the close of a case of small-pox, either by death or recovery, the room and its contents should be disinfected as before directed.

Diphtheria.—The contagious character of this disease, calls for the use of disinfectants in the treatment of every case. While we have no positive knowledge of the source of this contagion, and are thus unable to control the origin, we may do much towards preventing the spread of the disease by a judicious use of disinfectants. The air of the room should be to a degree disinfected by some of the volatile or vaporizable disinfectants. The expectoration and excreta should be carefully disinfected and frequently removed. The mouth and throat should be frequently rinsed with alcohol, solution of potassa permanganate, or Platt's chlorides. At the close of the case, the room should receive the same treatment as in small-pox.

Scarlet Fever.—In the management of this disease, in addition to the measures employed in diphtheria, the surface of the body should be occasionally bathed with some disinfectant fluid. Platt's chlorides probably being equal to any (1 part to 10 or 15 of water.) Again, as the epithelial scales given off during desquamation, are undoubtedly capable of disseminating the disease, all large patches should be carefully burned, and the dissemination of small particles by floating in the atmosphere, prevented by greasing the surface of the body generally, with carbolized sweet oil. After a case of malignant scarlet fever, the room, bedding, etc., should be disinfected with the same care as in small-pox.

Dysentery.—In this disease as in all others, great attention should be given to preserving the cleanliness of the patient and bedding, and to keeping the atmosphere of the room pure, by thorough ventilation, while weak carbolized water or Platt's Chlorides, should be sprinkled about the room, and all passages disinfected in the chamber and removed from the room at once, if thrown into a privy or water closet, these should also be occasionally disinfected, by some of the methods before suggested.

Fevers, Typhoid, Typhus, Yellow fever.—In the treatment of all of these fevers pure air and free ventilation, are a *sine qua non*. The infected matters are thus diluted, and much less likely to influence others; inasmuch however, as the discharges from the bowels, are probably the great source of the contagion, these should always be carefully and thoroughly disinfected, the bedding and underclothing of the patient daily changed and immediately thrown into a solution of carbolic acid, or some other disinfectant; the bed and room sprinkled with Platt's Chlorides, and particular

care given to the frequent disinfection of the privy or water closet, into which the passages may be thrown.

Cancer, Gangrene, etc.—He who should attempt the management of these or other diseases accompanied with offensive discharges without an intelligent use of disinfectants would fail in half his duty as a physician. The comfort of the patient as well as of those around demands a careful employment of these agents. Charcoal poultices, cloths wet in carbolized water, or Platt's chlorides, and placed over the diseased part, or vaginal injections in offensive uterine discharges, will overcome the fetor to a great degree, and in many cases render life fairly comfortable, which under other circumstances might be quite intolerable.

In the domain of surgery the employment of antiseptics by the methods of Lister has resulted in greatly increased safety in many of the major operations, while its use in puerperal cases promises scarcely less important results.

NEURALGIA DURING PREGNANCY.

Read before State Society of Penn..

BY

ISAAC LEFEVER, M. D.,

Harrisburg, Penn.

It is a well-known fact that various disorders may accompany pregnancy. Even under the most favorable circumstances of health and situation, more or less inconvenience is felt in almost every case; though such inconveniences may not in any measure be actually injurious to health or be the cause of suffering to any extent. In many instances,

however, in addition to feelings of inconvenience, disorders are also present which produce no little amount of suffering, rendering, for the time being, the life of some women almost a burden to themselves, and they become, indeed, objects of pity and entitled to our earnest sympathy.

One of the concomitants of pregnancy arising from the peculiar condition of the nervous system in many women, and which, too, is the source of excruciating agony in many instances, is neuralgia. During the entire period of gestation, it is not unfrequently the case that we find the entire nervous system in a constant state of erethism; so that impressions which, at other times, would have little or no effect, under the condition just alluded to, are the fruitful source of much suffering. This condition of the nervous system, so easily excited to unhealthy action, may locate itself in any part of the body. These neuralgic attacks, continuing for any length of time or recurring at frequent intervals, often weaken the system greatly. Taking away the strength of the body, the foundation is often thus laid for protracted seasons of debility after confinement, if more serious difficulties do not ensue.

In the course of my practice I have sometimes been called on to treat neuralgic affections coming on during the existence of pregnancy. While I have almost invariably been able to prescribe remedies which would very soon cure the patient, in some instances, notwithstanding that I carefully examined the patients and took pains to prescribe what I believed to be the simillimum, I have been for a time disappointed; the cases proving obstinate until the appropriate remedy was selected, and then only would the disease be really cured.

The following notes of a case, such

as I have just alluded to, may perhaps possess sufficient interest to justify me in submitting it to the Society. On the 3d of February last, a gentleman called on me and asked me to prescribe for his wife who was about six months advanced in pregnancy, and suffering very severely from pain in the right side of her head. From the meagre description he was able to give me of her symptoms, I could not come to a satisfactory conclusion, but finally decided to send her *Apis* 30, to be taken every four hours. She was not much benefited, and he called next day, when he was able to give me a better account of her symptoms. The pain was in the right side of her head, face and jaws, worse in the morning; pale face; unable to sleep; anxious and low-spirited; fearful she will not recover after confinement; pressing down pains in the hypogastrium and iliac regions; frequent calls to urinate, accompanied with some pain. I prescribed *Graph.* 30, which gradually relieved the pain, and in about two days she seemed to be cured. On the 11th, I was called to visit her. I found there was a return, with increased severity of the pain, the other symptoms remaining about the same; but the time of accession was changed, the attack coming on in the evening and lasting until near morning. I gave *Bry.* 30, which relieved the symptoms, in a short time, to a great extent. I continued the remedy every three hours for forty-eight hours, when the patient seemed to be well. I sincerely hoped that this would be the end of this case, for I have seldom known any one suffer such intense pain as did this woman. On the 18th, the pain and other symptoms returned in full force and intensity. The previous attacks had caused considerable prostration, and, owing to her weakened condition,

the patient was more despondent and less able to endure the excruciating suffering. On looking at her case in all its bearings, I felt confident that *Bry.* was the remedy, and prescribed a powder of *Bry.* 200, and one of *Sac. lac.* every two hours, alternately. By the time two or three powders of *Bry.* 200 were taken, she was completely relieved, and in fact cured. She was free from all pain until the 29th, when there were some indications of its return. Dreading a renewal of the sufferings previously endured, she immediately sent for medicines, and I prescribed *Bry.* 200, as before. She used the remedy as directed and had no more of the neuralgia, and improved in strength and appearance. On the 20th of May last, she was confined, recovering well from the effects of her labor.

From such experiences as the above, which, doubtless, have occurred in the practice of almost every physician, is it not a legitimate inference to maintain that there is a necessity for considering the potency of the remedy? It is possible that *Bry.* 30 would eventually have cured the case, but the result following the administration of *Bry.* 200 proved that it was the remedy fully adapted to the diseased condition, and its prompt action not only relieved for the time, but actually cured the patient. Our aim should always be to cure quickly, safely and pleasantly.

MERCURY IN DIABETES SACCHARINA.

(Translated for this Journal from the Boletín Clínico, Madrid, by Mr. CHAS. DAVIS, New York.)

Dr. Saikowsky has verified in rabbits after the administration by subcutaneous injection of 3 or 4 centigrammes of *Mercurius corrosivus* eight

times in twelve experiments that the urine was passed in great quantity and was pale and transparent. In another case it contained sugar in variable proportions but almost always very marked.

This drug administered to dogs, in doses of two grains per diem, subcutaneously for a period of thirteen to eighteen days produced considerable emaciation, and after four weeks *diabetes* manifested itself in an extremely pronounced degree. The same phenomena have been produced under the influence of calomel and iodide of mercury (Virchow in *Archives of Path. Anatomy*).

The same symptoms occur in man. The observations of Kletzensky on *Mercury* point out some instances of increase in the quantity of sugar in the urine.

In kidney diseases we have seen that *Mercury* increased the urinary secretion and produced at the same time in the skin phenomena analogous to those caused by diabetes, as dryness and furuncles of the skin.

If one should meet with a case of diabetes accompanied by symptoms characteristic of Mercury, it would be well to prescribe it. The particular preparation of Mercury employed will depend upon the special indications in each case.

Homœopathic annals do not contain a case of diabetes cured or treated by *Mercury*.

Jahr limits himself to mentioning its name among the remedies indicated in diabetes.

In the prize memoir of Dr. Guillon entitled "*Diabetes Saccharina*," we read the following observations on the use of the red precipitate of mercury:

"Jousset speaks of *Mercury* among the remedies which have given him good results in diabetes. The red precipitate not having been experi-

mented with by him the indications could not be gathered. We do not concur in Dr. Lutze's opinion that it is immaterial which of the mercurial preparations we employ. *Merc. sol.*, and *dulcis* exercise a special action on the liver which is probably the same as that produced by the red precipitate. In a case cured by this last medicine, there happened a crisis characterized by profuse and very bilious alvine discharges. (Let us add that the simultaneous administration of rhubarb and drastic pills takes a little from the value of this allopathic cure.) A phenomenon worthy of note is that under all circumstances the administration of mercurials has caused the appearance of sugar in the urine." Dr. Goullon relates a case under his care in which complete recovery ensued within a period of eight days, although only eight doses of $\frac{1}{3}$ gr. each of red precipitate were employed. The patient referred to was the fourth in a family sick with this disease, the three preceding cases having succumbed to its ravages. The onset of this case was characterized by loss of consciousness, stupor, weakness of pulse and other cerebral symptoms. These phenomena make it on the whole comparable with the diabetes which Bernard had produced through the medium of punctures into the cerebrum of rabbits, the diabetes in these instances lasting several days—the cure of which could be recorded as spontaneous.

A NEW PHYSICAL SIGN IN THORACIC ANEURISM.—Dr. Drummond, of Newcastle-on-Tyne, has demonstrated before the Northumberland and Durham Medical Society, a physical sign which will apparently be of consider-

able value in the diagnosis of aortic aneurism, should it not turn out to be pathognomonic. When a patient who is suffering from thoracic aneurism inspires deeply, and then closes the mouth and expires slowly through the nostrils, a puffing sound is heard on auscultating the trachea, which is synchronous with the cardiac systole. This sound is best heard with the binaural stethoscope, and is evidently a sudden involuntary expiration caused by the sudden systolic expansion of the sac expelling air from the chest. This physical sign has been demonstrated by Dr. Drummond to be absent in cases of aortic valvular disease without aneurism, while it is present in every case of aneurism which has come under his notice since the discovery of the sign, viz., four, and he also thinks it will be of importance in distinguishing between aneurism and sarcoma of the lung.—*Dublin Jour. of Med. Science.*

DIFFUSED CONCUSSION OF SPINAL CORD.

BY

H. W. BRAZIE, M. D.,

Minneapolis, Minn.

D. P. S., aged 35, occupation, a mechanic. On 12th of Sept. was at work upon a four-story building, fell a distance of fifty feet, striking upon left side and back. I was called soon after: found an intermitting pulse, general surface and extremities cold, cold clammy perspiration and short, difficult respiration; pupil of one eye dilated and the other contracted and a profound comatose condition. Upon examination found no bones broken, except fracture of acromial extremity of clavicle. There was extensive paralysis, retention of urine, hæma-

turia and hiccough. In view of the serious nature of the symptoms, my prognosis was unfavorable. Veratrum and stimulants were freely given; cold stage gradually subsided, and pulse became more natural; vomiting followed, comatose condition subsided. Administered Arnica 30, and applied hot fomentations freely to entire body. Placed patient upon his back, with the foot of the bed tilted downwards; ordered perfect rest. Pulse at this time was 60; temperature, 97; respiration, 30; and very labored. Condition remained about the same for twenty-four hours; was called at this time in haste; found pulse, 120; temperature, 104; respirations hurried and painful; complained of suffocation; found abdomen tympanitic, very sensitive and painful; great restlessness and thirst. Gave Aconite 3d., Bell. 3d., alternatively for twelve hours; continued fomentations and changed them every fifteen minutes. Great quantities of flatus passed. Tympanitis gradually subsided; pulse, 112; temperature, 102; respirations, 22. Patient much relieved; continued treatment. The next morning round general condition of patient much improved. Pulse, 104; temperature and respiration slightly above normal; tympanitis, less. Previous to this time had emptied bladder with catheter, but now resolve to give one dose Nux 200, and await results. In four hours after, patient passed urine without assistance. Arnica 200, was now given every four hours, and twenty-four hours later I found the pulse down to 96; temperature and respirations normal. Tenderness of abdomen and the bloated, puffy condition of the whole body had almost entirely disappeared. Patient continued to improve; had no more difficulty with bladder. On the tenth day, by the use of injections the lower bowel wa

relieved of black and hard faces. Gave at this time one dose of Lep-tandria 30, and continued the Arnica 200, with an occasional dose of Nux 200. At this time, the eighteenth day since injury, bowels and bladder are in a normal condition. Patient sits up a few hours daily, sleeps well, has a good, but guarded, appetite, and has every prospect of a good recovery; is able to take a step or two at a time, has little pain, but complains of a lame feeling throughout the entire length of spine.

HELMINTHIASIS.

Sept. 10th, was called to see a boy three years of age. Had experienced chills, convulsions and fever every day for six days; had been under allopathic treatment during this time; had taken large doses of quinine without effect. The chill was followed by two or more convulsions. The heat was mostly confined to head; pain in stomach and abdomen; *diarrhœa of white stools, turbid urine*, great hunger. No thirst during fever; restlessness at night, vomiting of lumbrici, with hoarse cough.

Gave Cina 200. Dose every two hours. No return of chill or fever. Patient dismissed in three days cured.

PLACENTA PRÆVIA.

BY

J. H. SHERMAN, M. D.

Boston, Mass.

Of all complications that occur in the experience of the accoucheur, I know of none more formidable or better calculated to test his skill and courage than placenta prævia. If it were less rare it would be better understood, and consequently less to be

dreaded. In a practice of twenty-three years we have met with but two cases, both lateral. The first case presented itself at the eighth month. The womb was dilatable. A large amount of blood had been lost before our arrival. The placenta was pushed back, the head advanced by the contractions of the womb, all hemorrhage immediately ceased, and mother and child saved. Case No. 2 occurred at two seventh month, or first manifested itself at that time. The patient while riding in a carriage was seized with slight hemorrhage, which soon subsided on lying down. In a few days she had another attack of hemorrhage. These attacks occurred at irregular intervals, usually after riding, during the following month. She then had quite severe flooding, and we were consulted. The patient was ordered to take her bed, and the hemorrhage ceased. After keeping her in bed several days permission was given her to sit up, but no sooner had she got in her chair than the blood commenced to pour from her. The nurse quickly placed her in a horizontal position, and we were sent for. Found the patient blanched by loss of blood, faint, complained of a buzzing noise in the head. A pale watery discharge was oozing from the vagina. Examination showed that the os was but slightly dilated: that the placental attachment was lateral. Rapid dilatation was commenced, insinuating one finger, then another as the os yielded, the hand serving as a tampon. The placenta was pushed back, the membranes were ruptured, and the advancing head now put a stop to further hemorrhage, and the case was allowed its natural course for awhile. But this was unsatisfactory, alike to myself and the patient, as we were both anxious to see the labor terminated, and all expulsive pains had ceased. Ergot was administered in

twenty drop doses (fl. ext.) every twenty minutes, until two drachms were taken, when the uterine contractions came on with great frequency and violence. They finally became almost continuous during the last ten minutes. The result was a dead fœtus, which I knew to be alive before the ergot was administered. Now this is the point that I wish to emphasize, *never give ergot* to a woman until after the child is delivered. Use the forceps, if necessary; they may always take the place of ergot, and with much greater safety to the child. It is my belief, after considerable observation, that the majority of still-born children are the direct result of the use of ergot. The womb does not always contract the natural way under its influence, allowing short and frequent intervals of rest, but the contractions become almost continuous, compressing the umbilical cord against resisting parts, arresting the fœtal circulation through its placental attachment, thus causing death.

A PECULIAR CASE.

BY

W. M. HAINES M.D.

Ellsworth, Me.

Some few weeks ago I was called to see an elderly lady, about sixty, said to be suffering from dyspepsia. I found her with a variety of stomach symptoms, obstinate constipation and some chronic uterine symptoms. Upon inquiry I learned that she had complained of confusion of mind, gradually increasing for a year or more, and the family noticed some peculiar symptoms indicating mental derangement. After the first prescription she refused to take any medicine and would only take a small quantity of nourishment

by dint of greatest urging. Her mental cloudiness became more and more marked until she did not recognize her relations or friends and talked incoherently all the time. Finally she refused to take anything as food or drink and in fact there seemed to be a paralytic state of the organs of deglutition which really prevented her swallowing, even if she cared to. Pulse and temperature not far from normal; pulse growing weak as she failed.

She lived seven days and not a drop of anything passed her lips and finally died from exhaustion, some three weeks after my first visit. When I was first called to this patient I happened to find two marked indentures or depressions upon the skull, on each side of the median line, near vertex.

They appeared as if the skull had fallen in, and were about two inches and a half in length by one and a half in breadth and seemed to enlarge slightly from day to day. Her relatives were astonished at the appearance of these depressions, never having seen them before and persisted in saying that they could not have been there any length of time as they would have noticed them in arranging her hair.

The patient was unable to give any account of them.

The autopsy revealed that the outer plate of skull and the cancellous structure between the plates were all gone over these depressions, leaving nothing but the inner plate which was so thin that one could almost see through it. The lobes of the brain lying directly beneath these places were engorged with blood and showed marked signs of a chronic inflammation. There were marked evidences of softening of brain substance, and an unusual amount of water in the ventricles; over a cupfull was removed.

Evidently the inflammatory process in the brain and its membranes had affected the nutrition of the adjoining bony structures, and effected their partial absorption, besides resulting in the effusion which caused the paralyzed state of her throat and subsequent death.

I report this case as I find no record of any similar case and regard it as ones duty to report unusual conditions whenever observed.

A CASE OF PERICARDITIS AND ITS CONSEQUENCES.

BY

W. P. ARMSTRONG, M. D.,

La Fayette, Ind.

On the 19th day of June, 1881, M. S., farmer, aged 44, came for medical advice. He was naturally a man of fine physique and great strength, but had been a complete invalid for the last fifteen months. During that time he had had three different physicians, one of whom, with commendable honesty, had said that he was under the impression that there was something wrong with the patient's heart, but could not say exactly what it was. The other two could see nothing in the case except a disordered liver, and assured both patient and friends that his heart was perfectly sound.

The pulse, when I first saw him, was 84 and very feeble, but this rapidity was evidently from fatigue, as he assured me that when lying quietly, and not fatigued, it was as low as 60. There were no intermissions. The respiration was 35, and there was great sense of oppression in the precordial region. Indeed, the breathing had been both rapid

and anxious during his entire illness. Examination showed the lungs to be nearly or quite normal.

On examining the heart, the area of precordial dulness was found to be slightly increased. No murmur was audible at any point. The first sound was feeble, but otherwise natural; the second not far from normal. The apex beat when in the sitting posture was absolutely imperceptible by either inspection or palpation. The patient was now instructed to lie down. When lying upon the back the symptoms were of course the same, but turning upon the left side, so as to bring the apex in contact with the chest wall, it was at once both seen and felt, beating with a considerable degree of force about an inch to the left of the left nipple, and in the fifth intercostal space. Here, then, was the solution of the difficulty.

The patient possessed a sufficient amount of adipose to render a feeble impulse imperceptible, but a heart so surrounded by fat, or so feeble, as to be rendered imperceptible by such cause, would have been at most but faintly perceptible even when in the prone or left side position. In this case, then, the heart was evidently buried in a considerable quantity of liquid, in which it sank to the lowest point, and the impulse was consequently perceptible only when the position was such as to bring the apex in opposition with the chest wall. This liquid was undoubtedly serum.

Fifteen months ago this patient had been taken with a chill, followed by fever, severe pain in the precordial region, palpitation, dyspnœa, and great debility. The attending physician failed to diagnose it, but it was evidently a case of pericarditis, with extensive serous effusion, which still persists, interfering with the heart's action, and causing shortness of breath and debility, which have been

prominent symptoms ever since that time.

Other prominent and ever-increasing symptoms in the case were sinking feeling in the epigastrium, coldness of the extremities, cold sweat all over, pale, sallow complexion in place of the habitual rosy hue, dizziness, despondency, and lack of moral and physical courage, which was the more noticeable, since he was naturally courageous. These symptoms are all readily accounted for by the obstructed circulation, which was partly the result of a somewhat enfeebled heart and partly of the pressure exerted on that organ by the effused fluid contained within the pericardial sac.

Now for the treatment. As Digitalis possessed a greater similarity to the case than any other remedy, it was administered in the form of the second decimal trituration of Digitalin, about one-third of a grain at a dose, four times a day. This, alone, he has had constantly, with the exception of a few doses of Podophyllum for a diarrhœa produced by drinking too much water during harvest. Sulphur 30 for one week in July, and Apis during the past week.

During the first week, the coldness of skin and the cold sweats disappeared entirely, the complexion began to assume its usual florid hue, and the strength of the patient began to increase, while the respiration came down to 24 and the precordial oppression almost entirely disappeared. He has been almost constantly gaining in health and strength ever since my treatment began, and is now able to do a considerable amount of labor. He is now no longer troubled with precordial oppression, and with the increased arterial supply and consequent greater flow of blood to the brain, the mind has become more vigorous; he is more courageous, and altogether he

begins to seem somewhat like a well man; yet he is not well, for the pericardium still contains a considerable quantity of fluid, as shown by the fact that the impulse is as yet but very faintly perceptible when in the sitting posture, although felt to be possessed of a good degree of force when lying upon the left side. Still, with the exception of the moderate degree of hypertrophy which exists, perseverance in the use of the proper remedies will in all probability restore the patient to health.

CASE OF POISONING BY BITTER ALMONDS.

BY

DR. GREEN.

A man, aged thirty-eight, was brought to the Charing Cross Hospital on Wednesday, June, 1st, at 9.30 P. M., insensible. He was said to have fallen down in a fit, and was brought to this hospital at once. When seen he was quite insensible and collapsed, with gasping and labored breathing; he was cyanotic; the pulse hardly perceptible, rapid and flickering; some dark mucus about his mouth; his jaws were fixed, teeth firmly closed; pupils contracted, and perfectly insensible to touch and light.

On examination, his apex-beat was weak and rapid; abdomen somewhat distended, and he had passed his fæces unconsciously; and he had some mucous râles over his chest.

The stomach-pump was at once used and about a pint of thick brown fluid containing a quantity of small white particles smelling strongly of hydrocyanic acid was removed. His stomach was then washed out with warm water. After this the patient became more collapsed, and his radial pulse

almost ceased. The battery was used for ten minutes, one pole over the apex of the heart, the other on the neck over the course of the pneumogastric nerve. Respiration now slightly improved, so the patient was put to bed, and hot fomentations placed on his chest and abdomen, with hot water to his feet. At 10 P. M. liquor ammon. fort. was inhaled every ten minutes, and twenty-five cells of a Leclanche's battery were applied as before, contact being made and broken with inspiration. His breathing became deeper and more regular. Pulse 120 to 140. Twelve (midnight): Patient remained in about the same condition. The battery and inhalations of the liquor ammon. were continued alternately every half-hour until 2 A. M. Pulse 130, stronger. At 2 A. M., turpentine stupes were applied over the chest, and one twenty-fourth of a grain of sulphate of atropia was injected hypodermically. Soon after this he perspired freely, and had a slight convulsion, his breathing improved, and his jaws were no longer fixed. From 2 to 5 A. M. he had several slight convulsions, his breathing gradually became easier, his pupils more sensitive; and at 3 A. M. he was able to swallow, although still very cyanotic and insensible. At 5 A. M. he opened his eyes for the first time, and his pupils became sensitive; his pulse stronger and regular, 140; breathing 30. The mucous rales had ceased, and he was given brandy $\frac{3}{4}$ ss. in beef-tea every hour. He was now undressed and cleaned. 10 A. M.: Patient had slept for two hours, and was conscious, but still dull, and very cyanotic; respirations 20, easy; pulse 120; perspiring freely. The brandy continued every hour with beef-tea or milk until 6 P. M., when he was sleeping quietly; breathing 18; pulse 80, good.

July 3rd. Patient passed a good

night; and was discharged this afternoon at his own request, well, though weak. Patient said he had eaten nothing during the day, but in the evening he had had two handfuls of bitter almonds and a pint of beer; had then returned to work, and felt quite well until he fell down, after which he remembered nothing. The contents of the stomach were tested at once, and gave reactions for hydrocyanic acid. Throughout the night his pulse varied from 120 to 140; his respirations were very rapid, and his breath smelt strongly of prussic acid. *Medical Times and Gazette.*

THE ADVANTAGES OF A VEGETARIAN DIET IN CERTAIN FEBRILE STATES.

BY

E. B. SHULDHAM, M. D.,

London, England.

I must premise the following remarks by saying that I am not a vegetarian pure and simple, and therefore it will be seen that my opinions are not strongly biased. At the same time I have seen sufficiently good results follow the use of a vegetarian diet to teach me the value of the same.

We are all familiar with the use of a purely milk diet in cases of chronic inflammation of the bladder or kidneys; we have seen the part which a raw meat diet plays in many infantile diseases characterized by great weakness; the port-wine and brandy treatment of continued fever has had its adherents—why, therefore, should medical men refuse to see fair play in the trial of a vegetarian diet? The natural answer to my question is, "Because of their prejudice in favor

of a meat diet." For my own part, however, I am prepared to give vegetarianism a further trial in the treatment of both acute and chronic disease, inasmuch as I have seen excellent results follow its use in certain febrile states.

The first case in which I tested the value of a vegetarian diet was that of a patient who had quite recently been operated on for a tumor of the breast. The weather was very hot in late summer, the patient was suffering from surgical fever. She had restless nights and feverish days, and there was but little appetite for food, and especially for meat food. Her friends and relatives were anxious to pour down her throat "ashins of drink" in the shape of beef tea and mutton broth. The patient herself did not appreciate this form of diet, and so I suggested the use of fruits, vegetables, farinaceous food and milk. This proposal was accepted with gratitude by the patient, and I allowed her a plentiful supply of grapes, bananas, gooseberries, green food of all kinds, corn flour, bread and butter, and milk. She took kindly to the altered diet, and I must say with the most satisfactory results. There was less fever, a cleaner tongue, and more general comfort; and after the removal of the stitches the wound healed in a kindly way.

The next case in which I tried the free use of fruit, vegetables, and farinaceous food, was one of tubercle of the lungs. The patient was slowly dying of this dread disease, both lungs were affected; there was a great deal of purulent expectoration, night-sweats, fever; loss of appetite and great prostration were very marked. This poor sufferer had been advised to eat freely of meat and eggs, and to take a fair quantity of wine or malt liquor.

I was asked to prescribe for him in

hot summer weather, and there were threatenings of very great heat. We all know by experience that the powers of consumptive patients run down rapidly during the oppressive weather which visits England when the sun shines consecutively for a week or more. I feared the heat for my patient's sake, and I knew that it would increase still more his loss of appetite. So, mindful of former experience, I advised him to take as much fruit and vegetables as he cared to eat. I told him to dilute his wine freely with water. Besides this, I bade him sit and lie out of doors as much as possible.

The result was that the "good mutton chop," which had been so strongly recommended, was put on one side, for lighter, tenderer and daintier fare. Instead of a chop he took a banana; in the place of roast beef he was refreshed by a bunch of grapes. If he did happen to pick a little bit of chicken, this little finger of meat was supported by a good handful of salad, and a plateful of strawberries came in by way of pudding and dessert.

The change for good was very great. Whereas formerly my patient dreaded the duty of swallowing so much hot meat, during my attendance he enjoyed the fresh salads and the cooling fruits, which, conjoined with farinaceous food, gave him as much, if not more, strength than the "good mutton chop," and certainly gave him more comfort and pleasure in his meal-taking.

My patient ultimately died, but I am convinced that his largely vegetarian diet allowed mealtime to be a pleasure instead of a wearisome duty, and also lessened the severity of his feverish attacks.

If we only consider that consumptives are, in nine cases out of ten, dyspeptics, and loathe the very sight and smell of roast meat, can we hesi-

tate for a moment to prescribe such an agreeable diet as the one which introduces soft farinas, juicy grapes, crisp fresh salads, melting bananas or peaches, whose dainty perfume spiritualizes them as a food.

The time will come, and quickly too I trust, when vegetarianism will play a most important part in the treatment of disease. At present there is a small, select, and enthusiastic fraternity who are fully alive to the value of this diet for healthy human beings, as well as for the sick. Possibly before long the attention of medical men will be directed to what is at present a despised, a neglected, and a misunderstood branch of dietetics.—*World*.

BOOK REVIEWS.

TRANSACTIONS OF THE TWELFTH ANNUAL SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF MICHIGAN. Vol. I. No. 3.

The State Society, of Michigan held its annual session in the city of Ann Arbor. May 17th 1880.—The pamphlet before us embodies its proceedings. There are a number of excellent papers published, which well repay one for the time spent in perusing them. H. R. Arndt, M.D., is the President of the Society.

“A PRACTICAL TREATISE ON THE TUMORS OF THE MAMMARY GLAND Embracing their histology, pathology, diagnosis and treatment.” By Samuel W. Gross, A.M., M. D., (Illustrated by twenty-nine engravings.) D. Appleton & Co., Publishers.

The entire subject of tumors of the mammary gland is in this work, studied in a most thorough manner and from an entirely new stand-point. The author's observations have em-

braced a careful analysis of sixty-five cases of cysts and nine hundred and two neoplasms, the nature of which has been confirmed by the microscope, and more than one-seventh of which are original.

The differential diagnosis of the various forms of tumors and their rational treatment, is based upon these researches.

A feature worthy of note and one which the author seeks to maintain by an abundant array of facts is that carcinoma may be permanently relieved by thorough operations, practiced in the early stage of its evolution.

The engravings are good and aid materially in a study of the work.

The Feeding and Management of Infants and Children, and the Home Treatment of their Diseases. By T. C. DUNCAN, M.D. 426 pages. Chicago: Duncan Brothers. 1880. Sold only by subscription.

Although a review of this work comes rather *post festum*, and although it is specially written for home treatment, *i. e.*, for family use, we cannot help bringing it to the notice of our readers for the excellent information it gives to the younger members of the profession in regard to infant feeding. The time for college is at hand, and the important branch of diseases of children should be well attended to. Now, it is certain that many a life could be saved by the proper management of the “little ones.” The mere prescribing of a drug does not make the physician. An important part of his duty lies in the appreciation of a *correct diet*.” The author has devoted 80 pages to the important subject of “*Artificial feeding of infants*,” in which he gives the physiological points, chemical constituents, as well as microscopic appearances of different milks and their substitutes. The great question

in feeding children is what the child needs during health, and what it is capable of digesting during disease. Here the author gives valuable information in clear language.

The prejudice of mothers against weaning the child during the summer months is yet a very strong one, and must be combatted in a great many cases, as where the infant is really starved at the breast, partly for want of other food when it is old enough, partly for real want of nourishment when the mother's milk is scanty and of a poor quality.

Parts second, third, fourth and fifth are devoted to the description and treatment of diseases. This is done in a concise, but clear, manner. The indications for remedies are precise, and not, like in many works on domestic medicine, confusing. Still we consider it a mistake to go too far in the instruction to laymen of the treatment of disease. Much precious time is often lost, and the physician is called when it is too late. Only minor ailments should be mentioned and treated of in books on domestic medicine, especially in diseases of children, where the severity and danger is rarely appreciated but by the trained eye. In many cases if the physician were called in time much sorrow would be prevented, as every practitioner well knows from his personal experience. In towns and villages where no homœopathic physician resides people must help themselves the best way they can, and to those Dr. Duncan's book will be a true friend. The last chapter speaks of "The form and deformities" in regard to properly holding, training and educating children.

The illustrations scattered through the book are well meant, but poorly executed, and do not help as much as they might if more care had been bestowed upon them, without adding much to the cost of the book.

A good index and glossary conclude the whole. We recommend this work especially to students and young physicians for the chapters on food and management, which they will find better treated than in any other small work on this subject, indicative of the words with which the author heads his introduction: "*An ounce of prevention is worth a pound of cure.*"

A TREATISE ON THE DISEASES OF THE NERVOUS SYSTEM. By William M. Hammond, M.D., Surgeon General U. S. Army (Retired list,) etc. Seventh edition, p. 929, D. Appleton & Co., New York, 1881.

We hold for review Dr. Hammond's latest edition. As an extensive criticism of such a familiar and popular work would be altogether superfluous, we confine ourselves to noticing a few of the additions made since the publication of the last edition in 1876.

Among other topics the author devotes a chapter to a curious and somewhat rare disease called *myxœdema*. Descriptions are to be found in a few Society Transactions and magazines, but I believe not in as full detail as we find it here.

He describes it as characterized by puffiness of the skin over the entire surface, closely resembling anasarca, except that the tissues instead of pitting as in œdema, return with prompt and firm resiliency after pressure.

The finger tips show marked and peculiar "spade-like" clubbing though the nails are not curved.

There is decided anæsthesia of both general and special senses, weakened muscular and coordinating power with diminished electric excitability of the muscles.

A characteristic feature of the disease is the mental condition which simulates acute dementia and is sometimes accompanied by illusions, hallucinations and delusions. The tem-

perature is always below normal.

Actiology. As to sex,—nearly all cases are seen in females. As to age,—all are in middle life; but exciting causes are unknown.

Prognosis is bad, and treatment utterly unavailing.

Pathology. The swelling results from a mucoid substance deposited throughout the body, but more especially in the skin.

This neoplastic growth closely envelops all terminal nerves and, acting as a pad, blunts their sensibility and diminishes their conducting power. At the same time abundant deposits form in the brain and other nerve centers enveloping the cells and impairing their functions. One case developed the mental symptoms before any external swelling could be perceived.

The cause and process of the mucoid deposit are unknown.

Three chapters are devoted to the ravages of syphilis on the brain, spinal cord and peripheral nerves.

A very interesting feature of this edition is the addition of two chapters on cerebral and cerebellar lesions in which each important structure is considered separately, and to which is appended a summary of valuable diagnostic indications translated from Nothnagel.

The additions to the chapters on Progressive Locomotor Ataxia and Progressive Facial Atrophy have greatly enhanced their value.

The reader will be pleased to find a translation from Dr. Labadie Lagrave, the editor and translator of the French edition of this work, consisting of several chapters on the sympathetic system, in which are discussed the functions, pathology, and certain diseases of the cervical, thoracic and abdominal centers. Separate chapters are devoted to each region.

Under the cervical system migraine in its two forms is discussed at length, and is shown to be directly due in one variety to irritation of the sympathetic, giving all the symptoms of unilateral cerebral anæmia, and in the other form to paralysis of the same center giving congestion.

In treating the irritative or spastic form quinine among other agents is recommended, and to prove its adaptability a series of interesting experiments is given which bears on the disputed question as to whether quinine produces cerebral anæmia or congestion.

The author, being in perfect health, submitted himself to Dr. Roosa for observations. Dr. R. found the conjunctivæ and optic discs normal, and no vessels visible on the membrana tympani. The prover then took 10 grains of quinine. Soon the conjunctivæ became markedly injected, the discs very pink, face and auricles flushed, and vessels appeared along the manubrium, proving (together with the subjective symptoms) cerebral congestion.

To confirm this he trephined a dog, fastened a cephalo-hæmometer in the orifice, so that the fluid in the glass tube stood at 0°. Ten grains of quinine were then administered hypodermically. In five minutes the fluid began to rise in the tube, and in an hour stood at 15°, an inch and a half rise. It stood so over an hour, then slowly sank to 0°. The test was frequently repeated, and with uniform result, for at no time did the column sink to a minus degree on the scale.

The experiment rather disproves cerebral anæmia, at least among the primary effects of quinine; and, as even during the intervals the column did not sink below the normal, it seems excluded from the secondary sphere as well.

Under neuroses of the abdominal

sympathetic are discussed various forms of neuralgia of the coeliac plexus and its branches, the pathology of shock or collapse from peritonitis, and a brief discussion of symmetrical gangrene of the extremities.

We miss the chapters on Insanity, the author having withheld them as he is at present writing a treatise upon the subject which will soon be published; still it seems to us that the chapters might have been retained to give completeness to the present work.

The author writes throughout in a clear, smooth and very readable style. The 112 illustrations are good prints, and often add much to the clearness of the text.

The publishers deserve credit for their part of the work. The paper, though thin, is firm and smooth, the type clear; but the binding, though neat, seems rather light for the weight of the book.

However, the work, taken all in all, is a valuable one, and should be included in the library of every physician.
E. V. M.

CORRESPONDENCE.

Editor AMERICAN HOMŒOPATH:

When I receive a new number of a medical journal, the first thing I do, is to look over the cases reported, to see if I can find anything that will help me to treat more successfully cases which I may be treating at the time, and also to find something that will be of future use.

In the June number of the HOMŒOPATH I find a case of membranous croup reported. Now croup is a disease that is apt to make us feel at times that we would like to exchange professions with a boot-black, at least temporarily, so as to avoid the re-

sponsibility. What do we learn from the perusal of Dr. Ricardo's case? He says that the first question that presented itself to his mind was, "What to do?" That was certainly a very original view to take of the case. He says: "I knew that Kali b. in its pathogenesis had pseudo-membranous deposits on the respiratory mucous surfaces, *therefore*, I prescribed Kali b. 30 every quarter hour." Now we are led to infer that Kaia b. is the only remedy that has pseudo-membranous deposits in its pathogenesis. Any tyro in medicine can name several remedies that have the same pathological condition. Now why did he choose Kali b. instead of one of the others? Shall we follow his example and give that remedy to the next case of croup we are called to prescribe for? He says: "In the evening it *seemed* improving, on the next day he continued the remedy at two hour intervals. He must have given about 60 doses before making that change and then he says in a foot note that he is sorry that he did not give a single dose of the 200th. It would at least have been a relief to the attendants. On the night of Jan. 4th, the child was worse. The 60 or more doses had done no good. On the fifth he gave Spong. 30., every two hours. Why? Does Spongia produce pseudo-membranous deposits in the trachea? But he says: "It had a hard, dry, croupy cough." Is Spongia the only remedy for that kind of a cough? On the 6th, he says: "About the same." He then struck the case in exactly the same place where he missed it before, and gave Kali b. 30 again. Why? On the 7th, "no improvement." He then discovered the patient had fever, and gave Acon. x., why did he give Acon.? Was it because the child had the *fear, anxiety, anguish and restlessness* so peculiar to that remedy. 8th. Fever better, oth-

erwise about the same. Acon. was continued until the 10th, when the cough being still croupy he gave Hep. sul. 30, why, we are left to conjecture. He kept that up four days with no improvement in the cough. On the 14th he gave Bell. 200 because the cough was dry and worse at night. Many other remedies have the same indications. He continued Bell. 200, every two hours for four days. On the 18th, he says: "Cough almost entirely gone. The Bell. affected it readily," in 48 doses. Because of its prompt effects he continued the remedy until the "child made a fine recovery."

He then, in another foot note, condemns himself for not giving Bell. on the 2d day, instead of the 11th. Does Bell. have pseudo-membranous deposits in its pathogenesis? By the way, when did the child get rid of the false membrane? He congratulates himself that the parents were pleased and that the saving of "the little one's life was a great triumph for Homœopathy." I don't see that Homœopathy had much to do with it, at least it does not show itself in the report of the case. I think it was a streak of luck such as has happened to me sometimes, when I was glad to get off easily by saying nothing about it. Let us by all means have cases reported, and particularly cases of croup; but in the name of medical science, let the indications upon which we base our choice of remedies be clearly stated, so that others may know when to do likewise; or if they cannot be given let us give the treatment as empirical and not Homœopathic. T. C. HUNTER, M. D.

Wabash, Ind.

Medical Journal) gives several valuable suggestions and the description of some methods which are original. After referring to the many errors which arise in this department of surgery from the lack of care and proper examination, he goes on to answer the question of how to make a rectal examination which shall be at the same time thorough and as free from pain as possible. In his own practice he uses an artificial light of his own arrangement and a forehead mirror, which enable him at all times to illuminate the rectum thoroughly, while by the side of the examining table stands an instrument-case fitted with all necessary appliances. In addition to these things he insists strongly on the necessity of having a water-closet communicating with the office, so that injections may be administered and the bowels moved at the time of the examination. In the matter of specula he confines himself almost exclusively to Sims', finding this the best of all after the sphincter has been stretched, and not finding any that give a fair view of the parts until this has been done. He relies, however, much more upon the finger for a diagnosis than upon any artificial helps, and claims that with it, after the necessary skill has been acquired, the slightest pathological changes may be detected. In the matter of bougies he also has his own preference, and recommends a soft-rubber instrument, similar to that of Wales, only more flexible. For detecting strictures high up in the rectum or in the sigmoid flexure little confidence is to be placed in a bougie of any sort, and the writer relies almost entirely upon manual examination either through the abdominal wall or by passing the hand into the rectal pouch. The latter method he holds to be free from danger and certain in its conclusions.

THE
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*A Monthly Journal of Medical, Surgical
and Sanitary Science.*

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EDITORIAL.

**THE SEMI-ANNUAL MEETING OF
THE HOMŒOPATHIC MEDICAL
SOCIETY OF THE STATE OF NEW
YORK.**

The thirtieth semi-annual meeting of the Homœopathic Medical Society of the State of New York was held in Watkins, September 6th and 7th, at the court-house in that village. The attendance was by no means as large as the occasion justified us to expect, but it was one of the most profitable and delightful reunions of that kind we have ever attended. It was not a business meeting, and hence all the time was taken up with listening to valuable and instructive articles. A long list of papers, many of which deserve special notice, were presented, but we can only mention a few for the present.

"New Remedies in the Stomach

and Bowel Affection of Children," by E. M. Hatch, M.D., and "Our Pædological Clinic," by C. M. Conant, M.D., were listened to with great interest and called forth a discussion which occupied the greater part of the morning. Cholera Infantum in particular was very exhaustively discussed; and its cause and treatment called forth valuable information from the older practitioners. A paper by W. Y. Cowl, M.D., on "A Positive Sign of Improvement in Chronic Illness," attracted considerable attention, and proved its author to possess great powers of observation, which must assist him very much in his prognosis.

In the evening the society was invited to a moonlight excursion on the lake. It was one of the most successful entertainments of the kind it was ever our good fortune to enjoy. Dr. S. H. Talcot, M.D., the polished and gentlemanly president of the society, showed a tact, assiduity and generalship which made it manifest to all that he was no novice in the role of performing the duties of a host.

The Southern Tier and Schuyler county societies, to whom we were indebted for this excursion, had spared neither trouble nor expense to make it a season of pleasure long to be remembered by all the participators. A fine and commodious steamboat received the guests, two or three hundred gentlemen and ladies, and with its merry passengers by moonlight steamed up the lake to a hotel twelve miles distant from Watkins, where all disem-

barked. On their arrival they were invited to tables spread with an elegant repast, in which none of the luxuries of the season were omitted. A humorous recitation by Mrs. Gray, the eloquent elocutionist, of Syracuse, enlivened the meal, and all went merry as a marriage bell, until eleven o'clock, when the whistle from the steamboat reminded us that it was time to return. But the return trip was even more lively than the outward one.

Music led by the beautiful and accomplished Misses Moller, of Baltimore; recitations by Mrs. Gray, of Syracuse, and a general disposition to make the time pass as pleasantly as possible, together with the beautiful scenery on the shores of the lake, caused every one to express the wish that they might meet again to enjoy another evening like the one just passed.

The papers for this meeting were so numerous, and many so valuable, that it is proposed to publish them in a separate volume forthwith, provided a sufficient number of subscriptions can be obtained. The secretary, A. P. Hollet, M. D., of Havana, N. Y., will be glad to receive the subscriptions as soon as possible, which will enable him to place the manuscript in the hands of the printer.

DRIFTING TOGETHER.

Under the above caption, our erudite contemporary of the *Medical Record* quotes some editorials from the *Lancet*, and comments upon a so-

called confession from the homœopathic fraternity.

But these comments show evidently that the editor does not understand the creed of the homœopath, from Hahnemann down to the youngest disciple of the rational and scientific portion of our school.

Similia similibus curantur is not understood by us to mean that the same dose of a medicine which will produce certain symptoms in the healthy body will cure similar symptoms in a diseased body. It means simply that, when while proving a remedy on the healthy body in large or toxical doses it produces a certain class of symptoms, it will cure similar symptoms in a diseased body when given in small or even minute doses; and clinical experience has justified this theory.

But our brethren of the old school, while they scoff at our *modus operandi* in seeking to discover the value of a remedy, have of late been very ready to use it when we have demonstrated its efficacy. We do not complain of this, as it is for the general good that they do it. But is it fair to ignore or even sometimes scoff at the source from which they obtained such remedy?

Homœopathy is not a misnomer, when it is properly understood, as it always is by its disciples, nor are they wrong in calling their treatment homœopathic, even if they do not choose to give infinitesimal doses.

We too believe that the time will

come when there will be a drifting together. But it will not be brought about by abuse, but by a liberal admission on both sides, and a willingness not to ostracise a regularly educated physician because he treats according to his convictions, and selects his treatment for, what he deems, the best interest of his patient.

But time only will overcome deep-rooted prejudice.

OLD ULCER OF THE STOMACH SUCCESSFULLY TREATED BY WASHING THE STOMACH.—The washing out of the stomach recently introduced into therapeutics has, up to the time of writing, yielded the most interesting results. We have no time nor space to review these results minutely, but merely beg leave to present without comment the following case:

The individual was affected with a simple ulcer of the stomach and, on account of the concomitant digestive troubles, was suffering when I saw him from extreme marasmus. He was admitted at the Bicêtre and placed among the incurables in the service of Mr. Deboune. He several times had vomited blood in large quantities, and almost continuously spit up glairy and bilious matter. These symptoms were usually accompanied by intense pain in the epigastric region. On the 8th of January, 1881, I examined him for the first time. I especially noted two things—the absolute intolerance of the stomach and the extreme bodily wasting which he exhibited. Every attempt to retain nourishment was ineffectual. I tried him with a few spoonfuls of milk, which he immediately vomited. His members reduced to a skeleton-like state, scarcely per-

mitted him to perform any muscular combinations. Assuredly it appeared that the debility and inanition of which he was the victim had arrived at an extreme, beyond which they could no further go, and death was bound to supervene. In view of his desperate circumstances, M. Deboune prescribed the stomach bath, employing the most advantageous method of accomplishing the washing out—the method of Faucher. We commenced this treatment on the 10th of January, and, at each sitting, passed through the stomach 8 litres of ordinary water and 2 of Vichy water. On the 12th every thing had worked so well that the patient ceased to experience uneasiness at the procedure. We also prescribed a milk diet, together with meat juice. To-day it has been six weeks since the treatment was begun. The attending results are marvellous. The pain has completely disappeared, the vomiting finally stopped, and the strength much increased. The patient's diet was no longer restricted, but he eats every thing he fancies without discomfort, even those viands reputed indigestible, such as peas, salads, etc., he takes with impunity. The results are also satisfactorily demonstrated by the increased weight and improved appearance of the sick man. On the first day of treatment he weighed 125 pounds; on the fifth, 126; on the seventh, 127; on the twenty-second, 130; on the twenty-seventh, 132. During the first five days the increase was at the rate of 125 grammes per day, 100 for the four weeks following. These figures are sufficiently eloquent, and need no comment.—G. Bouici, in *Les Progresses Medical* of April 2d.

“THE PREVENTION OF DISEASE.—Prevention is better than cure and

far cheaper," said John Locke, two hundred years ago; and the history of medical science has since made it more and more probable that, in a stricter sense of the word, prevention is the only possible cure. By observing the health laws of Nature, a sound constitution can be very easily preserved, but, if a violation of those laws has brought on a disease, all we can do by way of "curing" that disease is to remove the cause; in other words, to *prevent* the continued operation of the predisposing circumstances.

Suppressing the symptoms in any other way means only to change the form of the disease, or to postpone its crisis. Thus, mercurial salves will cleanse the skin by driving the ulcers from the surface to the interior of the body; opiates stop a flux only by paralyzing the bowels—i. e., turning their morbid inactivity into a morbid inactivity; the symptoms of pneumonia can be suppressed by bleeding the patient till the exhausted system has to postpone the crisis of the disease. This process, the "breaking up of a sickness," in the language of the old-school allopathists, in reality only an interrupting of it, a temporary interruption of the symptoms. We might as well try to cure the sleepiness of a weary child by pinching its eyelids, or the hunger of a whining dog by compressing his throat.

Drugs are not wholly useless. If my life depended upon a job of work that had to be finished before morning, and the inclination to fall asleep was getting irresistible, I should not hesitate to defy Nature, and keep myself awake with cup after cupful of strong black coffee. If I were afflicted with a sore, spreading rapidly from my temple toward my nose, I should suppress it by the shortest process, even by deliberately producing a larger sore elsewhere, rather than let the smaller one destroy my eyesight.

There are also two or three forms of disease which have (thus far) resisted all unmedicinal cures, and can hardly be trusted to the healing powers of Nature—the *lues venerea*, scabies, and prurigo—because, as Claude Bernard suggests, their symptoms are probably due to the agency of microscopic parasites, which oppose to the action of the vital forces a life-energy of their own, or, as Dr. Jennings puts it, "because art has here to interfere—not for the purpose of breaking up diseased action, but for the removal of the cause of that action, the destruction of an active virus that possesses the power of self-perpetuation beyond the dislodging ability of Nature."

But with those rare exceptions it is better to direct our efforts against the cause rather than the symptoms—i. e., in about ninety-nine cases out of a hundred it is not only the safer but also the shorter way to avoid drugs, reform our habits, and, for the rest, let Nature have her course; for, properly speaking, disease itself is a reconstructive process, an expulsive effort, whose interruption compels Nature to do double work; to resume her operations against the ailment after expelling a worse enemy—the drug. If a drugged patient recovers, the true explanation is that his constitution was strong enough to overcome both the disease and the druggist.—DR. FELIX L. OSWALD, in *Popular Science Monthly* for September.

OBSTETRIC APHORISMS.—Dr. H. Webster Jones, of Chicago, as chairman of the Committee on Obstetrics, closed his report to the Illinois State Medical Society with the following valuable and suggestive sayings. With these as his guide, the practice of the obstetrician of to-day would furnish less work for the gynecologist:

1. An intelligent confidence once thoroughly established between patient and physician does much to banish the terrors of the lying-in room.

2. It is possible to foresee and prevent the appearance of the most fatal form of eclampsia gravidarum.

3. Cleanliness is especially next to godliness, in the case of the accoucheur. Its absence renders one liable to professional homicide.

4. The modern midwifery must not be meddlesome, but must be mediatorial in the sense of palliating suffering, expediting nature's processes by well proven means, and removing scientifically all inexplicable, accidental or morbid states and conditions. Idleness is no longer an approved qualification for a degree of obstetrics.

5. The hand is the best uterine dilator.

6. The forceps should never be employed until the os uteri is dilated or dilatable, and then not unless the membranes have been ruptured and labor delayed unnaturally for at least an hour. Every practitioner should become skilful in their use, and they should never be left at home for fear of temptation.

7. Unnecessary and avoidable delays in labor are fruitful sources of gynecological practice. They promote inflammation and sepsis.

8. The patient's hopeful confidence, and the physician's industrious attention, actually contribute to the physiological elements of labor. Anæsthetics here, are, to say the least, superfluous.

9. Bi-manual aid in effecting the deliverance of the placenta, is not only proper but advisable. Skilfully rendered, the cry of "uterine inversion" becomes no longer a bug-bear.

10. The continuous and intelligent counter-pressure over the fundus

uteri during the child's exit, the delivery of the placenta and the period of frequent oscillation, be that a shorter or a longer time, is a safeguard never to be neglected.

11. Pursuant to the same end, the application of the bandage and its continuance, as long as the uterine globe can be felt and embraced by it above the pubis, contributes not only to comfort, but to speedy involution. After the seventh day, close pressure must be interdicted.

12. Puffiness of one ankle, with tenderness of the corresponding groin, and an abnormally quickened pulse, with or without copious sweating, noticed within the first ten days after labor, betoken the presence of phlebitis, and the possibility of embolism or thrombus, and resultant sudden death.

13. The duties of an obstetrician are not excluded until a careful examination, from six to eight weeks after parturition, proves the integrity of all the organs concerned.—*Michigan Medical News*.

SURGICAL USES OF WIRE CLOTH.
—Wire cloth suitable for surgical uses (*Brooklyn Transactions*) is made $\frac{1}{20}$ to $\frac{1}{11}$ of an inch in diameter; the meshes are from $\frac{3}{10}$ to $\frac{5}{10}$ of an inch square, or the length of the mesh may be greater than the width. After the cloth is cleaned with acid, it is put into melted zinc, which covers the wires and fastens them quite firmly together where they cross each other, making a firm and strong structure. Such wire cloth, Dr. J. S. Wight considers, is a good thing for both surgeon and patient, for the following reasons: In the first place, it can be readily cut into any desired shape, and bent into any required form by the hands of the surgeon, and when bent it will have firmness enough to

keep its form under ordinary circumstances. It is very light; it is porous, and ventilates the part to which it is applied better than any other material. It is very desirable where irrigation is needed, and it does not absorb moisture, and at any time can be removed, disinfected and re-applied with facility. These are very superior advantages. Wire cloth may be made into buckles and splints of various sizes, and adapted to the treatment of every kind of fracture and dislocation.

COCULUS INDICUS IN EPILEPSY.—Dr. C. B. Burr, in the *Detroit Lancet*, gives the results of his experiments with the above agent, illustrated by reports of cases. We make the following extracts from his article:

The cases received at the asylum are, as a rule, those of chronic, confirmed disease, requiring seclusion and restraint of liberty, in consequence of great mental enfeeblement, or propensities which render them dangerous to society. They are cases in which outbreak of maniacal fury occurs at stated intervals in definite relation to epileptic seizures. Or again, those in which profound depression follows the convulsive seizures, and suicidal propensities are developed. They are almost without exception extremely irritable, disposed to do impulsive acts, and deficient in self-control. In each, mental impairment is more or less strongly pronounced, and all are regarded unhopeful in respect to prognosis. The majority of these cases have been under medical treatment for years, and almost all of the orthodox medicines have at one time and another been administered, the hope of cure ultimately being abandoned. Under these circumstances, it is not surprising that we have no recoveries

to report. The fact remains, however, that striking results have followed the use of the *cocculus indicus* in a certain class of cases, and the query arises, would these patients have been benefited permanently by the same line of treatment instituted at an earlier period? Of ten cases of epilepsy in its various forms, five were found to have derived substantial benefit. The dose used was a quarter drop of the fluid extract three times a day. Experimental observation has demonstrated that its influence is chiefly exerted upon the cardiac and vascular systems. The conclusion reached from my own experience is that those patients in good, bodily health, whose convulsive seizures are accompanied by maniacal excitement, seem to be the ones most likely to receive benefit.

MEDICAL ITEMS AND NOTES.

Died, in Richmond, Va., on October 2d, MARIE LOUISE, wife of Dr. A. R. Barrett, and daughter of the late Charles L. Barnes.

The New York Ophthalmic Hospital for Eye and Ear, Report for the month ending Sept. 30 1881, Prescriptions, 4042; new patients, 602; patients resident in the Hospital, 18; average daily attendance, 168; largest, 207; daily attendance. CHAS. DEADY, M.D., *Resident Surgeon*.

The winter session of the New York Homœopathic Medical College was inaugurated on Tuesday evening, October 4, under most favorable auspices. Brief addresses were made by Drs. Helmuth, Allen and the Dean, Dr. Dowling. The class promises to be large and creditable.

WORTHY OF RECORD.—The Powell Manufacturing Co., of Baltimore, the manufacturers of POWELL'S BEEF, COD LIVER OIL AND PEPSIN, the superior food and nutritive tonic; have taken the initiative in the introduction of their valuable medicine, (which our leading practitioners are prescribing largely), by guaranteeing to the medical profession, that they will not in any way advertise the POWELL'S BEEF, COD LIVER OIL AND PEPSIN so that it will come under the head of a patent medicine.—*Exchange*.

MERITED PUNISHMENTS.—Dr. Keinze, editor of the Leipzig *Vereinsblatt*, has recently been fined one hundred marks with costs, and required to publish his punishment in his journal, for having printed in it the *invectives against homœopathy* of Dr. Rigler, of Berlin. The sentence of the latter (Dr. Rigler) was also confirmed by the Superior Court, to which he had appealed. Dr. Borner was also fined, and made to pay costs after appeal, for having published the scaly diatribes of Dr. Rigler in his journal, the *Deutsche Med. Wochenschrift*.

The New York Medical College and Hospital for Women once more comes to the front; this time in a new location and apparently possessed of more than the usual amount of life and vigor. The trustees have been fortunate in securing the building formerly occupied by the Hahne-mann Hospital, No. 213 W. 54th St., and here the college will hold its sessions, and the hospital work will be resumed. The building is admirably suited to both purposes. The medical department opened its session by interesting exercises on Saturday evening, Oct. 1st. Short addresses were made by the dean, Dr. C. Lozier,

Dr. L. L. Danforth, and Josiah P. Fitch, Esq. The class is a large one. Many new students have matriculated.

REGULATING MEDICINE.—A young lady was under my charge suffering from irregular menstruation. On one of my visits she told me that some kind friend had recommended to her Dr. Pierce's Favorite Prescription, and that she had procured a bottle, which she showed me, but said she had not taken any.

At my next visit, the father, a man near seventy, was complaining some, but said he was better than he had been, that he had taken some of Sis's medicine, and it had helped him. I asked him if he took it according to directions on the bottle; he said, "no; he just shook up the bottle and took a sup three or four times a day." With that he took up the bottle of Favorite Prescription, shook it, and swallowed a dose.

The girl smiled, a neighbor present smiled, I smiled audibly, the old man remarked gruffly, "you may laugh if you want to, I know it has regulated me."

When last heard from the old man was still regular.—*Experience of a Country Practitioner in Obstetric Gazette*.

Dr. John Buchanan, who pleaded guilty last November to the charge of selling fraudulent medical diplomas, was recently sentenced to pay a fine of \$1,000 and to undergo one year's imprisonment.

For Sale, a well-established Homœopathic Pharmacy, doing good business. Easy terms. A rare chance for a physician who wishes to settle in the city. Terms, reasons for selling, etc., address, A. ARTHUR JONES, 1804 Columbia Avenue, Philadelphia.

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GASTRALGIA, GASTRODYNIA,
SPASM OF THE STOMACH, CRAMP
OF THE STOMACH, NEURALGIA
OF THE STOMACH.

BY

W. P. ARMSTRONG, M. D.,

La Fayette, Ind.

Although this painful affection has hitherto been treated of under several different heads, it is in reality but one affection, a true neuralgia of the stomach, attended, doubtless in many cases, by more or less of spasm of the muscular coats of that organ.

Etiology.—Among the predisposing causes are anæmia, debility, hysteria, and a constitution pre-eminently nervous. Hence, it is far more frequently met with in women than in men. Among the exciting causes may be mentioned anything which tends to debilitate, or to exhaust the nervous system, as hemorrhages, too prolonged lactation, excessive menstruation, prolonged watching, long continued or excessive excitement or

anxiety, dyspepsia, and over indulgence of the appetites, as sexual excesses and over eating or drinking. Strong tea and tobacco have both been known to give rise to it.

Symptoms.—It is characterized by severe pain in the stomach, which occurs in paroxysms varying in duration from twenty minutes to several hours, or even a whole day. There may be only one attack, but more frequently it recurs at somewhat irregular intervals of from two or three days to several months. The attack generally comes on suddenly, and has been described by writers as also leaving as suddenly; but if this be true, it certainly is not in accordance with my experience. It rather gradually diminishes in intensity, from ten to fifteen minutes elapsing from the beginning of the amelioration to the complete cessation of the pain. At least such is the case when modified by treatment. The pain is, in most instances, remittent in character, the remissions and exacerbations lasting from three to eight min-

utes. It is not always confined to the stomach, but often radiates to the back, or to one side or the other, upwards into the chest or downwards into the abdomen, the epigastrium, however, always being the principal seat of the severe pain, which may be described as cutting, tearing, gnawing, boring, cramping, twisting, shooting or burning.

The attacks may be ushered in without any warning, or may be preceded for a day or two by symptoms of indigestion. In a few instances of true gastralgia, known to the writer, the patient has taken warning from the fact that each attack was preceded for a few days by a jaundiced color of the skin. Such persons have generally been of what is known as the bilious temperament.

If the paroxysm has been very severe, it is in some cases followed by a slight chill, but such termination is not common. When permitted to run its course, or under ordinary allopathic treatment, in which the only or principal relief is obtained by the use of narcotics in one form or another, there is generally so much soreness in the stomach and abdomen following the attack that for a day or two afterwards the patient is confined to the room, if not to the bed.

Diagnosis.—From the ordinary pain of indigestion, it may be distinguished by the fact that the latter is more continuous, is not paroxysmal, is not generally sudden in its onset, and is unusually dull in character.

Gastralgia might be confounded with the pain attending the passage of biliary calculi, but although both may radiate to other parts, the pain of gastralgia has its maximum intensity and point of departure in the epigastrium, while in gall-stone colic it is somewhat farther to the right. The pain of gastralgia is more apt to be remittent in character, while that

of gall-stone colic is generally continuous until the gall-stone has completed its passage, after which it suddenly ceases. To make the matter more certain, when biliary calculi are present they may be found by washing the stools following the cessation of the paroxysm.

Prognosis.—Although by its severity it often alarms the patient and friends, and makes them think that death is imminent, yet it seldom if ever proves a direct cause of death.

Treatment.—The so called regular treatment has little to offer except in the way of palliatives, and these are usually worn out, one after another, the attacks becoming more and more frequent and each time more prolonged, until it seems that there is nothing that will afford even temporary relief. Homœopathy can do better, and when the treatment is conducted strictly in accordance with its principles, the best results may generally be expected.

When the cause is known, this must of course be removed as far as possible. Aside from this, if the so-called auxilliary treatment is ever an aid in the cure of the case, it at most cannot be considered an important factor. Cloths wrung out of hot water may afford temporary relief in some instances, yet in most of the cases to which the writer has been called hot water, mustard plasters and all similar applications had long since lost whatever of efficacy they had ever possessed. Yet, however much relief they may afford at the time, the policy of using them is more than doubtful, and this not from any injury they may do the patient directly, but from the fact that the relief they afford, if any, may be attributed to the homœopathic remedy or *vice versa*, and thus, not knowing whether the remedy administered is doing its work or not, we may be led to improperly

replace or continue it, and our efforts in this may be paralyzed. For this reason, and the fact that such applications never *cure* the patient, it is my custom to rely entirely upon the internal remedy.

No matter how long the previous attacks have lasted, the indicated remedy will usually bring relief in from ten to thirty minutes, and the patient is generally astonished to find himself free from the great soreness which has hitherto followed the attacks.

It is not necessary to say to those who practice homœopathy intelligently, that the remedy which best affords present relief will in most instances be the one best adapted to the final cure of the case. Most important among all the remedies for gastralgia stands *Nux vomica*, which has cured many cases entirely unaided by other means.

Indications. — Drawing, cramping pains in the stomach, with tension and pressure between the scapulæ; pain extending upwards into the chest; epigastrium extremely sensitive to the touch; gastralgia brought on by too high living, or indulgence in spirituous liquors, or in persons of sedentary habits. Indigestion, with pressure in the epigastrium, as from a stone, worse in the morning and after meals; constipation; hæmorrhoids.

My best success with this remedy has been attained by putting in a glass one-third full of water a few drops of the first decimal dilution—barely sufficient to give it a slightly bitter taste—and giving a teaspoonful at a dose every ten minutes until the patient is relieved.

Case.—Mrs. B., aged 70, of bilious temperament, for more than fifty years has had constipation, and for a good many years has never had a stool without first having taken a cathartic or an injection. For twenty

years has been subject to severe attacks of gastralgia, which for the last six or seven years have occurred on an average about every five days, and after each attack she has been confined to her bed for from 24 to 36 hours in consequence of the great soreness in the stomach and abdomen. The attacks usually last from two to three hours, and sometimes half a day, during which time she suffers the most intense agony. The pain radiates to the back, to the liver, upwards into the chest, and downwards into the abdomen, but its centre is always the epigastrium.

She had already been through the entire list of domestic remedies, and employed many physicians, some of whom had at first afforded some temporary relief, but of late nothing seemed to be of benefit. As a last resort I was sent for at the beginning of an attack in the autumn of 1869. When I arrived she had been suffering for nearly half an hour. I at once began giving *Nux vom.* 1 x, as above, and in less than half an hour she was easy, a few minutes after which she fell asleep from sheer exhaustion, and slept for some minutes. When she awoke she was most agreeably surprised to find the usual soreness entirely wanting, and herself able to walk about the room. *Nux vom.* 3 x. was then prescribed, to be taken in the intervals between the attacks. She was taken again in about ten days, and once again in about five weeks from the time of the last attack, after which she had no more gastralgia until about two years ago, at which time, I am informed, it returned. The constipation was also so far relieved that she was not troubled with it of any consequence for some years afterwards.

Although *Nux vomica* is the leading remedy for gastralgia, if we rely upon it in all cases we shall in many in-

stances surely meet with defeat. Other remedies have their places, and these we must learn to recognize.

Ignatia is regarded by Jousset as the principal remedy for gastralgia. Jahr considers it as especially adapted to the gastralgia of women, and this, in consequence of its many hysterical symptoms, is in many cases true. Among its symptoms are :

Pain like cramps in the stomach; sharp pinching pressure in the pit of the stomach and right hypochondriac region; pressive pain seated in the epigastric region; violent sticking in the pit of the stomach. Sensation as though the stomach were hanging down relaxed; feeling of flabbiness in the stomach; a feeling in the stomach as if from fasting, with physical exhaustion; tearful, or silent melancholy; inconstant, impatient, irritable; incredible changes of mood; hysterical. Consequences of the excessive use of tobacco.

Cocculus.—Constrictive pains in the stomach, preventing sleep; cramp in the stomach, pinching in the stomach; violent cramp in the stomach, griping; great distension of the stomach and abdomen, from the accumulation of gases.

Hartman claims to have cured with it some of the most obstinate cases, especially where the treatment had been begun by *Nux vomica*; and where the patient was constipated and pyrosis was not present.

Colocynthis is sometimes of use, particularly if the pain extends into the umbilical region, is paroxysmal, the exacerbations recurring every two to five minutes, and the patient is obliged to bend double and press the hands deeply into the abdomen. The attack is not the result of indigestion, but rather, in some cases, of a fit of anger. Constipation is not generally present.

Carbo veg.—Griping in the pit of the

stomach, as from flatulence; contractive cramp in the stomach, even at night, extending up into the chest, with distension of the abdomen; she was obliged to bend double, and could not lie down because it became worse; the pain was paroxysmal, and took away her breath; the epigastric region is very sensitive; feels very much oppressed and full, acidity of the stomach; *constant, violent eructations, or stomach and abdomen greatly distended.*

Arsenicum.—Burning in the stomach as from red hot coals; in the stomach fearful burning pains; cramps in the stomach, and a feeling as if he had taken cholera; pressure in the region of the stomach and pit of the stomach; violent boring, tearing pain, and spasm in the stomach and intestines; vomiting of ingesta as soon as taken; face pale, earthy; worse from eating and touch. After ice cream or ice water.

Belladonna.—Excruciating pains about the pit of the stomach; at night periodical pains in the pit of the stomach, with tremor; burning in the stomach; spasm in the stomach like cramp; violent shooting pains in the pit of the stomach, forcing one to bend backward and to hold one's breath; region of stomach sensitive to touch. Mental temperament; easily startled by slight but sudden noises.

China.—Gastralgia after depletions; bloating after food or drink; slow digestion, acidity; lienteria, large, undigested stools, worse at night; jaundiced hue; gastralgia at a certain hour every day or every other day. In gastralgia of malarial origin, and recurring thus periodically, it may be necessary to use the sulphate.

Gastralgia and angina pectoris are sometimes so intimately associated that it is difficult to say which predominates. Here we may also have to use *Aconite*, *Aurum*, *Cactus grand*,

Kali carb., Lachesis, Laurocerasus, or Spigelia.

EUCALYPTOL IN DIPHTHERIA.

BY

E. M. HALE, M. D.,

Chicago, Ill.

The records of the treatment of diphtheria in our school are singularly unreliable. Perhaps not more so than in the old school. The trouble is that many writers of both schools err in their diagnosis.

What shall we think of such reports as we frequently see in the transactions of our State and County Societies, in which the physician states that he has "cured hundreds of cases in a single season," or "he has treated seventy cases with but two deaths." Contrast these vain and lying boastings with the calm and careful statements of Helmuth and Mitchell, or Jacobi and others of the old school, who assert that cases of true diphtheria very rarely recover. I am sorry to say that very many physicians who ought to know better, call all cases of aphthous tonsillitis, and ulcerated sore throat, *diphtheria*. This fatal error has misled and disappointed many of our school, and led them to give favorable prognoses to trusting parents, when if reporters had told the truth, much disappointment and mortification could have been saved. The fact is, that true diphtheria is a very rare disease, and not only rare, but very fatal. My experience is that not one case in ten recovers,—perhaps not one in one hundred. The object of this paper is to claim for the *distilled oil of eucalyptus*, greater efficacy in my hands, than any other remedy I have

ever used. It is now known that the poison of diphtheria is propagated by a microscopic fungi, which externally manifests itself in a *membrane*, or exudation, which may appear on any mucous membrane, or the skin; and internally, attacks the white blood corpuscles, destroys their vitality, and thence results the peculiar septic poisoning which paralyzes the nervous system, (see late experiments of Prof. H. C. Wood.) It is also now known that eucalyptol has greater antiseptic power than any other known drug, without being a poison, or a corrosive like carbolic acid, and allied drugs.

Without going further in this direction, I will narrate three cases, in which I used eucalyptol with the happiest results.

CASE I. A boy ten years of age, was taken with headache, pain, and slight soreness of the throat. Aconite and Belladonna was given in the evening I was called. The throat was simply *red*. The next morning two *oblong*, pearly patches appeared on the tonsils. This *elongated* appearance, and an unmistakable *projection* from the surface is pathognomonic of diphtheria. During the day a watery, acrid flow from the nostrils, and inspection showed that both anterior nares were closed by the exudation. I have great confidence in *Merc. cyan.* in diphtheria, but it has failed to cure many cases when it seemed indicated. I prescribed it however, a few grains of the 3x in a glass of water, a spoonful every two hours. I had tried Bromine, Potash, chlor. and permanganate, Kali. bich, Tartaric acid, etc. etc., as topical applications, but none of them have in my hands prevented the extension of the exudation. In this case I resolved to test the value of *Sander's* eucalyptol, made from the *leaves*, (this is the only preparation of

any value. The oil usually sold, is a distillation from the wood and bark, and is more like Turpentine burning and blistering the mucous membrane, and the skin, even when largely diluted). I ordered the following prescription :

R Sander's eucalyptol.... 3 i.
 Glycerine..... 3 i.
 Alcohol..... 3 iv.
 Aqua..... 3 iii.

To be used in an atomizer. The throat and nostrils to be sponged every two hours.

In twenty-four hours the patches assumed a less firm appearance; they looked shreddy, and had grown but little. This treatment was assiduously kept up day and night for five days, (after the third day the intervals between the medicines was lengthed to four hours). By this time the exudation had disappeared from the throat; the nostrils were freer and the child made a good recovery with no sequelæ.

CASE II. A boy six years of age. The nostrils were not affected. Same appearance in the throat. The same treatment was adopted. Cure in six days.

CASE III. A girl four years of age. The tonsils and uvula had each a large elongated exudate. In this case Merc. cyan. 6th was prescribed. The spray could not be used. Instead, a teaspoonful of the Eucalyptol mixture was given every two or three hours, in such a way, that the child "strangled," whereby a portion was brought in contact with the throat, as a "gargle," and a little was swallowed. This case, notwithstanding its age and the bad appearance of the throat, made a good recovery in a week.

I have to record that the successful issue of these three successive cases have given me new hope, and encouraged me to take hold of such

cases without the usual fear and trembling. If the Eucalyptol fails in a fourth, or future cases, I shall certainly report them. So far, however, it has done what no other agent has, in my practice of nearly thirty years.

"DYSPEPSIA."

BY

C. P. HART, M. D.,

Wyoming, O.

Old school pathologists describe no less than eighteen or twenty varieties of dyspepsia. We, as homœopaths, recognize even a much greater number, as we do of almost every other disease. But the simple fact that a school which is not in the practice of making nice distinctions in disease, should recognize so many varieties of this affection, shows that dyspepsia is, to say the least, an extremely multiform disease. I have recently treated a number of obstinate cases, which differed widely in their nature, and which were of such a peculiar character as to yield only to special and unusual forms of treatment. I will give the history of two cases successfully treated without medicine.

CASE I.—C. S—, æt. 56, farmer, had been a constant sufferer from "dyspepsia" for over seventeen years. During the first three years of this period he was able to pursue his avocation most of the time, but would occasionally be compelled to lean against the fence until the violent palpitations of his heart subsided, which sometimes lasted for hours. These cardiac disturbances became more and more frequent, until he was not only compelled to relinquish his occupation, but take to his bed, to

which, with but short intervals, he had been confined during the past fourteen years. Having been subjected to allopathic, eclectic, hydro-pathic, and almost every other form of treatment, without benefit, he almost despaired of recovery, but concluded, as a *dernier resort*, to try homœopathy. I found that there was no tenderness in the region of the stomach, that the appetite was generally good, and that on his "well days," as he called them, he could digest his food without difficulty or distress. I found also that on these days he could sit up, and even move about without much inconvenience, or without suffering from marked palpitations; but these "good days" only occurred about twice a week. All other days were "bad," and then he could not so much as turn over in bed without bringing on the most distressing palpitations of the heart. At these times he was obliged not only to remain perfectly quiet, but to abstain from every kind of food, the ingestion of which disordered the stomach and increased the violence of the palpitations. It is unnecessary to detail the special symptoms pertaining to each attack, as they not only varied greatly from time to time, but were evidently of a functional nature, depending solely on the state of the nervous system, which was one of great depression. After carefully considering the case, I came to the conclusion that, notwithstanding I had been unable to discover anything wrong in his habits, diet, or mode of life, his system was under the influence of some depressing agent, such as tobacco or opium, and I so informed him. He then stated that he had always been a liberal chewer of tobacco, but that neither his friends nor his physicians had ever attributed his trouble to that cause. I assured him such was the case, and that his

recovery depended upon his abandoning the use of tobacco altogether. It is gratifying to be able to add that improvement set in as soon as he discontinued its use, and although I gave him nothing but placebos, he made a good and complete recovery, simply by *removing the cause*.

CASE II.—R. P.—æt. 34; merchant; had been obliged to abandon business, his "dyspepsia" having obstinately resisted every plan of treatment hitherto adopted. His complexion was sallow, his body greatly emaciated, and though still able to be about, he was rapidly approaching a state of extreme debility. He was troubled with a dry, irritating cough, palpitation, and at times considerable dyspnœa. These symptoms led the patient to believe that he had serious disease of the heart or lungs, nor could any amount of reasoning convince him to the contrary. Several itinerant charlatans, taking advantage of this dyspeptic notion, had not only repeatedly fleeced him of large sums of money, by their false representations and promises, but had greatly aggravated his complaint by the drugging to which they subjected him. He complained of a sensation of heat at the pit of the stomach, which he said was greatly increased by taking food, even the mildest. The bowels were generally costive, the urine scanty and high-colored, and the skin dry, harsh and shriveled. The tongue was moist and clean, but redder than natural, and the papillæ greatly enlarged. In addition to these symptoms, there was marked tenderness in the region of the stomach; the pulse was small, feeble and somewhat accelerated, and the mind greatly despondent.

The patient having passed through the hands of several able practitioners, I had but little confidence in the benefit likely to arise from the ad-

ministration of medicine, but a mode of treatment happily suggested itself to my mind, which proved as effective as it was singular. The disease being essentially inflammatory in its nature, it occurred to me that *ice-cream* might be administered as a suitable topical application to the diseased mucous membrane, and by furnishing sufficient nourishment of itself, be made to take the place of all other ingesta. Indeed, the suggestion struck me as being so very plausible, that, to inspire confidence, I even ventured to promise the patient a speedy cure on adhering strictly to the prescription. He was accordingly ordered to take a teaspoonful of ice-cream every few minutes during the day, and to allow it to dissolve slowly in the mouth before swallowing it, and *to admit nothing else into the stomach while the treatment continued, either in the shape of food, drink or medicine.* I have only to add, that in five weeks' time he was well. All his disagreeable sensations, apprehensions and sufferings—and their number was legion—speedily left him, and he gained rapidly in flesh and strength from the day the ice-cream treatment was commenced. The patient, soon after its good effects became manifest, in order to lessen the expense, procured a freezer of his own, and made the ice-cream himself, declaring that it was the only thing that had ever done him any good. By returning gradually to the ordinary articles of diet the patient escaped relapse, and still remains free from gastric disorder.

DELIVERY IN PLACENTA PRÆVIA.

—DR. MacDONALD, in a recent discussion at the Obstetrical Society of Edinburgh, said that in dealing with placenta prævia a man must act according to his light and with the ma-

terial before him. The more he saw, the more he was satisfied that if the case is seen in time, and the hemorrhage goes on, we ought to go on at once to delivery, because waiting for dilatation or till the full time of labor is a serious risk. Barnes' dilators can be passed through a very small os. He had seen plugging on many occasions, and he did not think we could rely on it to any great extent. There is no treatment of placenta prævia but delivery. Of all the methods of doing this, the use of Barnes' dilators, with delivery as soon as possible, is the best.—*Medical and Surgical Reporter.*

BRYONIA AND RHUS TOX. CONSIDERED IN REFERENCE TO THE EFFECTS OF MOTION.

(Read before Penn. Hom. Society.)

BY

E. A. FARRINGTON, M. D.,

Philadelphia.

A general characteristic symptom of Bryonia, is undoubtedly "worse from motion." But such a fact ought not to prevent our employing the drug when an exactly opposite condition obtains, if other symptoms aid our choice. In Allen's Encyclopædia, vol. 2, p. 290, we read: "When walking, especially after rising from sitting, and when beginning to walk, unsteadiness of all parts of the body, as if the muscles had lost their power; on continuing to walk it became better." This is both italicized and starred, as confirmed in practice.

Walking also ameliorates vertigo, pressure in the stomach, stiff back, pain in hip joints, tension in the abdomen, drawing and tearing in the

right shoulder and upper arm, bruised pain in the arms, bruised pain in small of back.

Bryonia, then, may be employed when motion relieves, in cases in which there is parietic weakness, in vertigo, which appears on rising from the chair, but lessens when he walks, and in affections of fibrous tissues, as stiff back, drawing and tearing in the limbs, etc. The symptoms—bruised pain in small of back, worse ying, less moving—may mean that the change of position favors the course of the blood through the veins; or it may be that lying down annoys by the pressure upon the sensitive parts.

Fibrous tissues, when affected, usually "limber up" when moved, and nervous weakness lessens when exercise tones up the flagging nerve forces, unless exhaustion has gone too far or the walking is too prolonged.

Turning, for a moment, to the provings of *Rhus tox.*, Allen, vol. 8, we find that the modality, "relieved by motion," is by no means universally true. It has long been recognized that the symptom applies more to the muscular system. The latter, so far as fatigue, nervous exhaustion, etc., are concerned, rebels against continued motion, compelling quiet even though other structures suffer thereby.

But the symptom has exceptions in the muscular system, also. One of these exceptions applies to the lumbar muscles; stiffness in the small of the back, painful on motion. Any one who has experienced or has treated lumbago, knows that any motion of the trunk involving the lumbar muscles, is excruciatingly painful.

In *Rhus tox.*, it seems that the fibrous tissues, or joints, periosteum, sheaths of muscles, are relieved by continued motion; that the soreness,

languor, aching and stiffness, with tearing pains, are relieved by motion or by change of position; as, for instance, he feels better for a short time after he turns over, or otherwise changes his position in bed; that when the nervous system is greatly debilitated, rest relieves, or, at least, motion exhausts the patient; that nervousness and anxiety frequently demand motion, as, for example, "anxiety while sitting; great apprehension at night; he cannot remain in bed; melancholy and anxiety, relieved by walking in the open air" (Allen, vol. 8, pp. 332 and 333). Even here, if sadness predominates, with loss of strength, the patient is compelled to lie down for hours in order to regain vigor (*loc. cit.* p. 332). Of this character is a symptom in the prodroma of typhus, calling for *Rhus*; he desires to lie still in one spot.

When, however, the muscular tissue proper is involved, as in the thick flesh of the lumbar region, motion does not relieve, any more than it does in *Bryonia*. Examples of this are also to be found in Allen. On page 345, *et seq.*, of vol. 8, we read: "Cutting in the abdomen, worse by walking; pains on rising in right quadratus lumborum; sticking pains on breathing; stitches in the chest, worse talking, breathing; stitches in the back, worse walking than sitting; the fingers can be moved only with pain, they are so swollen, &c."

Bryonia and *Rhus*, then, are similar in nervous exhaustion, as in typhoid, in purely muscular pains, and in their action on fibrous tissues. The first affects, more particularly, muscular tissue; the latter, fibrous. *Rhus* has more mental and bodily restlessness, and general aggravation from rest. *Bryonia* more mental irritability and general aggravation from motion.

In rheumatism, if there is white tongue, constipation, nausea on sit-

ting up, dark red, but clear urine, Bryonia is needed, even if the fibrous parts are so involved as to demand relief from motion. Rhus is required if there is general restless feeling; red, shining swellings, often œdematous; after exposure to dampness, especially if, after over heating, or while sweating, the clothing becomes wetted, even if motion of the affected part does aggravate.

In the incipency of typhoid, as well as in some other fevers, Bryonia causes restlessness and nervous irritability, the pains compel him to move though they are made worse thereby. Rhus causes a similar restlessness, only motion relieves the pains. More frequently, the former causes a desire to remain perfectly quiet; and when, therefore, Rhus has a similar symptom, as sometimes occurs, other symptoms must decide. This task will not prove very difficult, since the latter induces diarrhœa, rather than constipation, and the mind is depressed, irritability being absent, or only expressed as a hasty response to questions, as if too weak to waste words.

In view of these facts, it concerns us not to select a drug merely because its prominent modalities are present in the case to be treated. He is a routinist who uses specifics; and he also is a routinist who prescribes for one symptom. Our journals teem with reports of so-called cures, in which the only apparent similarity between disease and drug is a single modality; such as, worse left side, Lachesis; wants to lie perfectly still, Bryonia.

Rather let us follow the Master, who enjoins us to draw our characteristic picture from the totality of the symptoms.

In reference to this very subject of modalities, he writes in *Reine Arznei-mittellehre*, vol. 2, page 457: "The

similarity of the action of Bryonia to many of the symptoms of Rhus tox. is not to be mistaken. I have made mention of this in the introduction to the last named remedy.

Bryonia, in addition, changes the mood quite differently. Its fever consists of coldness, and its symptoms are principally aroused or aggravated during bodily motion; nevertheless, the alternate action *amelioration of the sufferings through motion*, is also not seldom seen.

INTERMITTENT FEVER.

BY

CHAS. H. BRACE, M.D.

Cumberland, M. D.

A great deal has been written upon the above subject and quite a number of suggestions made, but I have never seen but one physician who coincided with me in the treatment of it.

There has been a regular epidemic of fever and ague here this fall and I have had a better chance to test my theory than heretofore, as we have been particularly exempt from it up here in the mountains. When I am called to a case, I first give one dose of *Ferrum* 6x to antidote any bad effects of quinine, if the patient has been taking that drug, I then carefully select a remedy corresponding to the symptoms and give it every hour during the chill and fever and every four hours in the interim. In this way I seldom have had a case to last more than two or three days, unless, of course, it is an old case "chock full" of quinine, when I have to treat the drugging by the best antidote; viz:—*Ferrum*.

The idea has gotten out that we cannot cure the fever and ague as

quickly as the Allopaths, and my idea is, that we have been trying to give Homœopathic medicine under Allopathic principles, that is, giving no medicine during the paroxysm, just when they need it most. Now if this should meet the eye of a practitioner who has not had the most satisfactory results from his treatment of intermittent fever, I hope he will try the plan I suggest, and convince all sceptics that the law of *Similia Similibus Curantur* applies to the treatment of malaria as well as all the other ills that flesh is heir to.

SYMPTOMS, THEIR VALUE IN PRACTICE.

BY

J. D. W. HEATH, M.D.

Shawano, Wis.

To know what's the matter or cause of distress is the grand stepping-stone or key to success; if a man has to guess at what troubles you have he might as well guess at the remedy too! In the law of similars we have a guide to the scientific application of drugs to aid Nature in removing disease, but how often are we led into errors in practice through a knowledge of this law! How often can the totality of the symptoms be removed without a drug?

Is it a safe or scientific practice to rely upon drugs, crude or potentized, to remove distressing or dangerous symptoms without first ascertaining whether or not the cause can be removed. This is a pertinent question for there are some in our school—authors too—who place too much reliance upon the “indicated Homœopathic remedy” in preference to

other measures indicated. The doctrine that the homœopathic remedy should be given first and if it fails resort to empirical measures that have been proven to be most satisfactory, when carried to its full extent often costs a human life. Let us imagine for a moment the following condition: post partum hemorrhage, slow difficult breathing, flow of bright red blood, chills and coldness of the body, great weakness, and nausea.—One author advises for the above “give Ipecac, and —wait.” With those grave symptoms before him the young practitioner having entire confidence in his teacher is told to wait. Yes, calmly wait until his patient is dead and then lament his ignorance of the *Materia Medica*. Does such teaching educate a man to meet the emergencies of the physician's life? Is it scientific and does homœopathy merit the criticism that such teaching and practice brings upon it? In order to illustrate clearly how often we may be mistaken as to the means to be employed in a given case I will present the histories of two patients who were under my treatment.

CASE I.—Mr. K. while working on a threshing-machine was taken with a sore throat. In a day or two it became so painful that he quit work, went home and sent for me. I found my patient with throat much swollen; he complained of great pain in the region of the left tonsil more especially when he swallowed—it felt as if a splinter or fish bone had lodged in his throat—I found upon examination a rye beard, between the pillars of the pharynx. The removal of this foreign body was followed by speedy recovery.

CASE II.—Mrs. B. After a miscarriage, suffered from subinvolution, endo-cervicitis and retroversion. After nine months of local and general treatment she was pronounced

well and soon became pregnant. After a month of gestation had passed, she came to me for relief from the distressing nausea which came on in the morning soon after getting up, is worse in the afternoon and evening—often feels chilly even when it is warm. Can't bear to be near a hot stove nor in a warm room. Can't sleep in the fore part of the night, sleeps late in the morning. I suspected a return of the retroversion but nevertheless I gave *Puls.* for the symptoms. After using it three days, she returned to my office and reported "no better." Examination then made, revealed the cause of the trouble to be, what I had suspected, retroversion. The womb was replaced and retained, with a pessary, from that time she had no more afternoon nausea and only slight "morning sickness."

The lesson to be learned from these cases, is this: symptoms do not always indicate the means to be employed, and drugs are not the only arrows in the physician's quiver.

CASE OF CATARACT MUCH AMELIORATED BY MEDICINE.

BY

J. C. BURNETT, M. D.,

London, Eng.

In a little monograph I have sought to defend the thesis that cataract can be often cured, and still oftener ameliorated, by the aid of medicines given internally. The bulk of the profession, of course, ignore the thing entirely; that I expected. A few of the more enlightened welcomed the little book as an honest attempt; as an imperfect, but solid beginning. Yet others shook their heads in good old-fashioned

honest doubt, and muttered something about "mistaken diagnosis;" and this not without a chuckle at their own superior powers in this regard.

Since the publication of "Curability of Cataract with Medicines," I have continued my humble efforts in the same line, sneers and jibes notwithstanding. I have only treated a few cases, partly because I do not care to begin unless a patient is willing, if necessary, to go on for a year or two, and this most of them decline.

It is no wonder people are very incredulous about the possibility of modifying the stroma of an opaque lens; for it *is* indeed *very* difficult, and I fail myself but too often, yet by no means always, and I consider the future of the question very hopeful.

The opponents of the thesis that an opaque lens can be modified by medicines often cite the *very aged* as more than usually hopeless. But I propose to bring a case showing that even an octogenarian may be materially benefited, and get a considerable amount of useful vision restored. It is the oldest case I have ever treated, and has turned a few scoffers into respectful listeners. I do not give all the treatment, but only the relevant part of it.

Mrs. —, æt. eighty-one, came under observation at the end of the year 1880, suffering from cataract of both eyes, diagnosed by various physicians and specialists. Her vision was much impaired; reading had become impossible, and she could barely recognize a person in the street, or the pictures on the walls of my consulting-room. Thinking the case hopeless, principally on account of her advanced age, I did not enter with my wonted minuteness into her case, but gave *Chelidonium* 1x, five

drops in water night and morning, on pathological grounds.

February 2 1881.—She came and said she felt more comfortable in her *mouth*, her tongue being less hard and stiff; vision the same. Thinking there might be yet a glimmer of hope for the venerable lady, at least that absolute blindness might possibly be averted, I went into her case with greater care. I found that she had occasional diplopia, and things seemed farther off than they really were. But the thing that had long distressed her was this: *On awaking in the morning her tongue was as hard and stiff as a board.* That this should have any connection with the cataractous lenses was not apparent; still it was the *most constant, peculiar, and characteristic symptom*, and moreover a very distressing one. I turned up a Repertory, and finally decided on *Sulphur iodatum* (see Symptom 40 in Allen's Encyclopædia). Considering the general character of the remedy and the pathology of the disease, I did not hesitate, but gave six grains of the fourth centesimal trituration every night at bedtime.

March 21.—My report for this day in my case-book reads thus:—"Hardness and stiffness of tongue *gone*, and she had had it two years, it was quite distressing; sees *decidedly* better at a distance."

She came by rail to town to see me, and a married daughter was in the habit of meeting her at the station. When she first came to me she was not able to recognize her daughter on the platform, but this morning she recognized her already at quite a distance, and that readily, and can as readily discern my pictures. Repeat.

July.—Vision much improved; can now read an article in the newspaper. R. *Iodium* 30.

August.—Receive word from the

daughter that patient now sees so well that she does not propose continuing treatment any longer. She reads books with large print comfortably.

September 15.—A lady friend of the patient called about her own condition, and remarked, "Mrs. — now reads the paper from an hour and a half to two hours every day."

She is now eighty-two years of age.—*World*.

EXTRACTS FROM MY CASE BOOK.

BY

DR. HARMAR SMITH,

London, England.

NUX VOMICA IN CHRONIC DYSPEPSIA OF LONG STANDING, WITH CONGESTION OF THE LUNGS.

Captain B., æt. 54 (June 24, 1879), a seafaring man, very strong and muscular, thirty years ago was in the West Indies, where he took freely of rum and began to suffer from his present symptoms, which have continued more or less ever since, although he has now been a rigid teetotaler for seventeen years.

Is now suffering from pain in left side of abdomen (left hypochondrium), with tenderness on pressure. The pain is dull and pressive, worse about an hour after meals, relieved by eructation; troublesome retching in the morning, bowels confined, tongue covered with thick white fur, disagreeable taste in the morning. Pruritus ani.—*Nux vomica*, 20 drops of 1 dec. to two ounces of water. Take a teaspoonful three times a day, and apply a *Rhus* lotion to the anus.

July 3d.—Pain and tenderness in left hypochondrium much lessened, bowels acting more freely, no return

of the pruritus ani since the first application of the *Rhus* lotion. Continued *Nux vomica*.

July 16th, 1880.—Having heard nothing more of Captain B., I called upon him to-day. He states that he had called once or twice when I was out to report continued improvement, and had not therefore thought it necessary to go on with the treatment. The abdominal pain had not returned, although at times he suffered from constipation.

CHRONIC GASTRITIS RAPIDLY RELIEVED BY ARSENICUM 13.

Mrs. C. came to my dispensary June 14th, 1881, æt. 48, being thin and poor-looking. Suffers from retching with much waterbrash and frequent vomiting and occasional spitting of blood, much tenderness at pit of stomach (this has been present for years, although all the symptoms have been much aggravated of late); menstruation irregular. Two weeks since it was on for a week very profusely; absent for six months previously. Great nervous debility, constipation, no heart affection. *Arsenicum* (13) cent. every four hours.

28th.—Much better, epigastric pain and tenderness gone, no return of vomiting or waterbrash. Continue *Arsenicum*.

July 5th.—Continues better in every respect; waterbrash occasionally, slight return of spitting of blood, no pain nor tenderness, appetite returned. Continue *Arsenicum*.

August 9th.—Discharged cured.

RAPID CURE OF ERYSIPELAS BY BELLADONNA.

Mrs. E.'s infant (July 13th, 1881), æt. three months. Erysipelatous swelling and redness of face and one eyelid *Belladonna* (3), a pilule every two or three hours, and apply a *Belladonna*

ladonna lotion. 14th.—Quite well. 30th.—I received a report that there had been no relapse. *Ibid*.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY
SEMI-ANNUAL MEETING.

The semi-annual meeting of the Massachusetts Homœopathic Medical Society was held early in October in Boston. The President, Dr. J. T. Harris of Boston Highlands, in the chair. The records of the last meeting were read by the Secretary, Dr. Herbert A. Chase of Cambridge. The President made mention of several deceased members. The following were elected members of the Society: Frank Joy Fesler, M. D., D. D. S., Lowell; Annie E. Fisher, M. D., Boston.

Dr. I. T. Talbot of Boston read a paper on the "Uses and Abuses of the Probe," in which he referred to the case of President Garfield, as showing how the probe may deceive and prove injurious. He pointed out the fact that the wound untouched by the probe had shown a healing tendency, and that even in the hands of skillful surgeons the probe had taken a wrong direction and in the pus cavity had doubled on itself.

Dr. J. Heber Smith, on the part of the Committee on Insane Hospitals, read a report, in which it was stated that they were prepared to demand that an insane hospital in this State be placed under homœopathic care. It was claimed that even the showing of the allopaths indicated that little had been done in the work of cure. The report urged that the large element of believers in homœopathy in the population of the State are entitled to representation in the work of car-

ing for the insane. It also claimed that women physicians should be placed on the medical staff of every insane asylum. At the close of the report the following resolution was adopted:

Resolved, That the Massachusetts Homœopathic Medical Society heartily indorses the report of its Committee on a Homœopathic Insane Hospital and considers that the time has fully come when the State should furnish to its dependent insane the more efficient as well as more humane treatment of homœopathy.

Resolved, That the committee be requested to prepare and circulate petitions to the State Legislature, and that the members of this society, the homœopathic physicians, and the friends of homœopathy in Massachusetts, be earnestly requested to use their influence with the press, the people, and the Legislature, that this want be provided for at the earliest possible moment.

An amendment to the by-laws, offered by Dr. H. C. Clapp of Boston, was held over for future action, providing that members, in the year of their admission, be not liable to assessment.

Dr. S. M. Cate, as Chairman of the Committee on Gynæcology, read a paper on "Anteflexion of the Uterus." Papers were read on "Etiology and Diagnosis," by Dr. Porter, and one on "Treatment" by Dr. Bennett.

The Society adjourned to lunch in Social Hall at 1 o'clock.

The oration was delivered at the beginning of the afternoon session by John L. Coffin, M.D., of West Medford, who reviewed the advance in public estimation which homœopathy has made, especially within the last few years, citing the tendency toward a coalition of the two schools, which has been manifested in conservative England, and was strikingly mani-

festated in the remarkable address of Dr. Bristowe before the British Medical Association at Rye. The speaker urged that hereafter pathology and physiology must not be subordinate to therapeutics, and voiced objections to the present imperfect condition of the *Materia Medica* which, judging from the applause which greeted his words, are entertained by his hearers. While the allopathic school has devoted itself to objective experiments with drugs, the homœopathic school has perhaps spent too much time in determining subjective symptoms, and that school which in the near future rises to the gravity of the situation and makes free use of the excellencies of both will be in the school which will succeed. On motion of Dr. Thayer a vote of thanks was passed the orator, and a copy of the oration requested for publication. W. B. Chamberlain, M.D., of Boston presented a paper on the use of cold water in cases of typhoid fever, advocating this treatment, and citing from his own experience.

J. H. Sherman, M.D., of Boston read a paper on obesity, which he considered a disease. The doctor reduced his own weight 43 pounds in ten months by a system of diet.

The society then adjourned.

MISCELLANEOUS.

UNIVERSITY OF MICHIGAN, {
ANN ARBOR. }

OBJECT TEACHING IN OPERATIVE
SURGERY.

Extract from the report of Prof. E. C. Franklin to the Honorable the Board of Regents, September 30, 1881:

* * * * *

Spinal Curvature and Spinal Dis-

eases.—This branch of surgery has of late years become a specialty, and the number of patients of all ages who seek relief from their sufferings and restoration of their crooked and ill-shapen forms are yearly increasing, which greatly augments the labors of the surgical chair in this College. An extra clinic was held weekly during the last semester and *over one hundred cases* were suspended and incased in the plaster jacket and such other appliances as seemed appropriate, every one of whom being either greatly relieved or permanently cured.

[NOTE.—One case of complete paraplegia in an infant four years of age, who could neither stand nor lift an arm, but was obliged to lie on a pallet spread upon the floor, was so far relieved as to be able to walk and play about the house.]

Clinics.—The amount of clinical work done in the college is an increase over that of the previous year and the patients treated in hospital outnumbered those of the preceding year. A summary of the work done gives the following results of all cases treated in college clinic and hospital:

| | Cases. |
|---|--------|
| In the medical clinic there were treated..... | 165 |
| In the eye and ear clinic there were treated..... | 250 |
| In the surgical clinic there were treated..... | 189 |
| In the Arthopraxic clinic there were treated..... | 107 |
| In the Gynecological clinic there were treated..... | 11 |
| Total number of cases..... | 722 |
| Of these there were cured..... | 586 |
| Improved by treatment..... | 93 |
| Incurable cases..... | 41 |
| Deaths..... | 2 |
| Total..... | 722 |

| | |
|--|-----|
| Increase of cases over last year. | 193 |
| Important surgical operations performed..... | 124 |
| In the surgical clinic..... | 75 |
| In the eye and ear clinic..... | 44 |
| In the gynecological clinic..... | 5 |
| Total..... | 124 |
| Increase of operations over those of last year..... | 43 |
| Total number of patients received into hospital..... | 172 |
| Of these there were surgical cases..... | 87 |
| Of these there were eye and ear cases..... | 66 |
| Of these there were medical cases..... | 26 |
| Of these there were gynecological cases..... | 9 |

| | |
|--|------|
| Total..... | 172 |
| Total number of prescriptions given..... | 2350 |

Final Examinations.—The Faculty being convinced of the beneficial effect upon the class of the "Examination Reviews" inaugurated the previous year, continued them the past session with marked advantage to the student.

They also instituted a new department in the surgical examinations, both practical and instructive to the candidates for graduation in the higher walks of surgery. The plan of teaching operative surgery on the cadaver was further carried out in the final examinations, similar to like operations on the living patient, and the interest of the occasion centered upon the responsible and important duties that devolved upon the class in these valuable and practical object lessons. Each candidate for the honors of the University was summoned from his seat to the operating table and there required to perform such operation as was called for in the presence of the Professor, invited guests and the class.

All the details of preparation for the operation, such as the selection of assistants, the defining of the duties of each, anæsthetization, while all the details incident to the operation were gone over previous to its performance. No candidate could by any possibility know of the operation he would be called upon to perform. The following are the list of the operations performed and the candidates performing them:

1st. Lisfranc's amputation of the foot—*Class A.* Theodore A. Potter, Florence B. Holden, Addison Morgan, Fayette D. Kendrick; Lavinia D. Lambert, operator; the 2d operation was amputation of the leg (upper $\frac{1}{3}$), Miss Florence B. Holden, operator; the 3d operation was Lisfranc's amputation of the shoulder joint, Mr. A. Morgan, operator; the 4th was amputation of the arm (middle $\frac{1}{3}$), Mr. F. D. Kendrick, operator; the 5th was lateral lithotomy for stone in the bladder (the stone having previously been put within the bladder), Mr. T. A. Potter, operator.

Class B was next called down, and consisted of the following candidates, viz.: Edward P. Thatcher, Seaver C. Ross, Albert R. Halstead, Willis P. Polhemus and Marshall P. Austin. The first operation called for was Pirogoff's amputation of the foot, Mr. A. R. Halstead, operator, who appointed his assistants and proceeded with the operation in a creditable manner; the 2d operation was amputation of the thigh (lower $\frac{1}{3}$), Mr. M. P. Austin, operator; the 3d was the circular amputation of the fore-arm (middle $\frac{1}{3}$), Mr. E. P. Thatcher, operator; the 4th was tracheotomy, Mr. W. P. Polhemus, operator; the 5th was Larry's amputation of the shoulder joint, Mr. S. C. Ross, operator. All the operations showed excellence in operative surgery.

Class C was then called and the

same arrangements entered into that marked the preceding. The class was composed of Edward A. Fisher, Frederick Ruggles, Lewellyn B. Richards, John F. Flint and Henry L. Miller. The first operation called for was the double flat amputation of the arm, Mr. H. L. Miller, operator; the 2d was the circular amputation of the leg (lower third), Mr. J. F. Flint, operator; the 3d was dissection of the elbow joint, Mr. L. B. Richards, operator; the 4th was the amputation of the thigh double flap (middle $\frac{1}{3}$), Mr. F. Ruggles, operator; the 5th was trephining of the left parietal bone from fracture, Mr. E. A. Fisher, operator.

These were only a part of the operations gone over by the class on the cadaver during the last semester of study, and the result shows the great value of this kind of object teaching and constitutes another advance in the character of instruction given in the Homœopathic College, and one which will redound largely to the value of the work taught in this department of the University. This course of instruction will be continued from year to year, it being the first of the kind ever taught in the University of Michigan.

HOMŒOPATHIC TREATMENT OF CANARY BIRDS.—Several canary birds were found to have lost their feathers, particularly on the head, and the bird drooped. At a request for a homœopathic prescription, sulphur, 1st trit., about half a grain dissolved in the cup out of which the bird drank, was given. In a few days the bird showed a new crop of tiny feathers which was soon followed by a full head of feathers.

Another little songster, who had suddenly become sick, his feet swollen and most indisposed was quickly cured by *Lycopodium* 5th trit.—*Homœopathio Rundschau.*

THE
AMERICAN HOMŒOPATH.

*A Monthly Journal of Medical, Surgical
and Sanitary Science.*

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EDITORIAL.

MEDICAL LEGISLATION.

When the Medical Registry Law was presented last year to our Legislature for the purpose of having it passed, we took occasion to draw the attention of the profession to the fact that, particularly in this country, it is impossible to legislate on the practice of medicine, with any hope that a law could be passed to stamp out quackery and the practice of ignorant pretenders, which would stand the test of a trial before court or jury. For years such attempts have been made, in this and many other States, and always with the same results.

The latest effort in this direction, the passage of the Medical Registry Law, has met with the fate of the previous enactments of medical laws, ut-

ter failure. Juries refuse to find true bills, lawyers and judges deem it either unconstitutional or ineffective, and the quacks hold themselves up to the public as persecuted martyrs, while the public and juries regard all such laws as class legislation.

The educated and scientific physician is looked upon with distrust by the mass of the people, and laws passed evidently in favor of legitimate and scientific practice of medicine are considered to be the offspring of jealousy and prejudice.

The practice of quackery in a republic, as democratic as that of this country can never be done away with by means of legal enactments. No laws can be effectually enforced, unless they are popular, otherwise they must soon become a dead letter.

Let us therefore cease to attempt the purification of the practice of medicine by means of legal enactments.

The more effectual proceeding would be, for each County Society to publish under its auspices, a cheap popular Monthly Journal on hygiene, at a merely nominal price, and induce its members to introduce it into every family they can reach by their influence, for the purpose of instructing them in the first principles of the laws of health.

When the people, having become enlightened by such instructions are then informed by an alphabetical list, appended to each number of the Journal, who are accredited physicians and members of such society, they

will readily distinguish among the candidates for practice, between the educated physician and his ignorant and often vicious competitor.

Not by acts of the Legislature, but by means of an appeal to the intelligence of the people, can quackery be driven from the position which it now occupies with a brazen and defiant front?

No one can estimate or predict the power for good which a journal for the people under such patronage can exert when under judicious editorial management.

The expense of the enterprise would be but a trifle, when compared with the results, which may justly be anticipated from such an effort in the right direction.

BOOK REVIEWS.

LECTURES, CLINICAL AND DIDACTIC ON THE DISEASES OF WOMEN.

By R. LUDLAM, M. D., Chicago, Duncan & Brothers.

This is the fifth edition of Professor Ludlam's work on the diseases of women. We have had several times occasion to notice this valuable contribution to the literature of our school, and bestow upon it the praise which it deserves.

It is not only the fifth edition, but it has also been revised, enlarged and illustrated to such an extent, that it has become almost a new work. A list of additional lectures upon diseases previously but slightly referred to have received the author's attention, to such an extent that it leaves but little to be wished for.

The author's language is concise, perspicuous and given in sentences which readily impress themselves upon the memory. This enables the practitioner in case of need to remember his advice, without a recourse to his book. However we think that he has needlessly encumbered his valuable work, with the citation of very numerous cases. While they necessarily enlarge the volume of the work they add but little to its value, for almost every disease of which they are inserted as an illustration, has so many different aspects in the different cases, that they rarely serve as a first type of subsequent ones. Besides that, so far from serving to impress his instructions more deeply on the mind of the reader, they rather tend to confuse him, and weaken the impression they have made. Our author is clear, concise and perspicuous in his labors as we have said but becomes too verbose and diffusive in relating his cases.

The illustrations, type and paper are of so superior a character that they add very much to the value of the book. The publishers deserve the thanks of the professor for the care and labor which has been bestowed upon the mechanical finish with which it has been issued.

It is an essential addition to a physician's library.

MATERIA MEDICA AND THERAPEUTICS, by CHAS. J. HEMPEL, M. D., and H. R. ARNDT, M. D. Vol. II. Chicago: W. A. Chatterton. New York: A. L. Chatterton Publishing Company.

The exhaustive review of this work which it was our pleasure to publish at the time the first volume appeared makes unnecessary an extended notice now. Whatever of praise was then to

be said is now intensified, and the later volume indicates very distinctly the skilled efforts of the junior editor. We commend the work to every practitioner who is in search of a *practical* materia medica. The publishers have done their portion in a masterly and commendable manner.

A GUIDE TO THE CLINICAL EXAMINATION OF PATIENTS AND THE DIAGNOSIS OF DISEASE. By RICHARD HAGEN, M. D., Private Instructor to the University of Leipzig. Translated from the second and enlarged edition by G. E. GRAMM, M. D. Philadelphia, Pa. 8 vo., pp. 209. Boericke & Tafel. 1881.

This little treatise is intended for the use of students of medicine, and as such is a work of undoubted value. It leads the learner on through an account of the processes by which the diagnosis of various diseases is reached, in a very concise and at the same time accurate method, only those symptoms having been given which are important for the recognition of the diseases treated of, without regard to their *etiology*, *histology*, prognosis and therapeutics. To show briefly the scope of the work we quote one paragraph on *chronic gastric catarrh*: "Alternation of loss of appetite and greatly increased appetite, eructation, pyrosis, pain on pressure in the region of the stomach during digestion; frequently vomiting of mucus in the morning." It will be seen that this is only a stepping-stone to the study of the more comprehensive works on the practice of medicine, and as such to students attending lectures for the first time will prove a great help.

In the Popular Science Monthly for November Dr. Oswald's papers on "Physical Education" are continued, the special topic being "Hygienic Precautions." Those who have read the earlier articles of the series will need no urging to follow it out, and those who have not may save themselves much misery by getting the back numbers and studying up the subject from the beginning. "The Duration of Human Life," a paper in which the writer, M. De Solaville, after referring to many of the noted cases of longevity, of ancient and modern times, reaches the conclusion that centenarians are not uncommon, and that, on the whole, the length of human life is increasing. Anybody who may be ambitious in this direction will find it profitable to read the next article, entitled "Worry," which disgreeable habit, according to Dr. J. Mortimer Granville, the author, is a far more common shortener of life than the so-called overwork we hear so much about. New York: D. Appleton & Company.

THE HOMŒOPATHIC THERAPEUTICS OF DIARRHŒA, DYSENTERY, ETC., ETC. Second Edition by Drs. BELL AND LAIRD. Published by Boericke and Tafel. 1881.

The former edition of this work, by Dr. James B. Bell, has been so long before the profession and so highly appreciated by all active practitioners that the mere announcement of a second edition, much enlarged, and revised by so careful and skillful a worker as Dr. Laird, would seem all that it is necessary to say in its behalf. But an outline of the additions to the present volume is demanded, in justice to the authors for their painstaking efforts. Among the new remedies we notice chiefly Calc. phosph., Cycla-

men, Euphorbia, Jaborandi, Jalap^a opentia, Natr. mur., Nuphar lut., and Paulinia. Many of the others, like Boletus, Colestrum and Picric acid, have not as yet well defined symptoms as remedies for this class of diseases, or their claims for recognition are based wholly upon clinical data, and must therefore be regarded with distrust. They may, however, very properly be included in a work of this character, so that in the future they may be studied and their true value ascertained. The old and tried remedies appear with their symptomatology arranged as heretofore. One decided improvement is the printing of those symptoms which are especially characteristic in large black type. The repertory has been much amplified, and adds greatly to the value of this most complete monograph.

BOOKS RECEIVED.—The following books have been received, but too late to receive the attention due them in this number: Raue's "Special Pathology and Therapeutic Hints;" Edmonds' "Diseases of Children;" Smith's "How to See With the Microscope;" Gilchrist's "Minor Surgery;" McNeil's "Treatise on Diphtheria," a prize essay; J. C. Burnett (London, Eng.), "The Prevention of Congenital Malformations, Defects and Diseases;" C. W. Boyce, "Electricity: Its Nature and Forms."

A PECULIAR FORM OF BLENNORRHAGIC ARTHRITIS.—Duplay and Brun (*Arch. Gen. de Med.*) say that two different kinds of inflammation of the joints are described as resulting from blennorrhagia,—one, the hydropic, usually confined to the knee-joint, which is never accompanied by swelling of the surrounding tissues; the other a severer form, accompanied by more pain, with swelling and redness of the joint and surrounding

parts. The latter form is not always regarded as blennorrhagic by authors, and is considered very rare. Duplay and Brun, however, do not agree with this view. They have themselves met with no fewer than twenty-four cases of the severer form. Thinking that the affection is often attributed to a wrong cause, they give a more exact description of it.

The affection occurs with equal frequency in men and in women, though its cause is not so often detected in the latter. There is no relation between the severity of the arthritis and that of the preceding urethritis. The wrist and elbow joints are those most usually affected, while the knee, which so frequently suffers from drops, is rarely the seat of the severer form of arthritis. No joint, however, enjoys immunity. The affection may develop suddenly, while the patient is apparently enjoying very good health, though this is exceptional, as is also its occurrence as a result of trauma. Commonly there is a stage of incubation, with general malaise and darting pains in the externally unaltered muscles and joints,—a pain which disappears again after some days, following which the joint becomes very painful and swells. Pain is the first symptom: it is particularly severe at night, and is increased to an unendurable degree by pressure on the line of the joint, where also the swelling first shows itself. There is no effusion, as a general thing, but the peri-articular tissue is markedly infiltrated, with firm œdema of the skin, which may extend beyond the region of the joint. Pressure outside of the immediate neighborhood of the articulation is not painful, but the swelling resembles phlegmon; and incisions have been made in these cases to evacuate pus, naturally without result. The pain in the line of the joint, and, later, crepitation of the articular surfaces,

serves to distinguish the affection under consideration from phlegmon. The authors have never seen abscess of the joint in blenorrhagic arthritis; other writers, however, describe this complication. There is often decided alteration of the articular ligaments, giving rise to abnormal motility of the joint.

THE NATURE OF THE DIPHTHERITIC CONTAGIUM.—By Dr. H. C. Wood.—In the spring of 1880 work was begun by inoculating rabbits with diphtheritic membrane taken from the throats of patients at Philadelphia. An account of the labors of the following summer has been already published, but it seems necessary to epitomize them here. It was found that only in a very few cases was anything like diphtheria produced in the rabbit by inoculating with the membrane. The inoculations were practised by putting pieces of the material sometimes under the skin, sometimes deep in the muscles. Many rabbits died after some weeks, not of diphtheria, but of tuberculosis. In a series of experiments it was shown that this tuberculosis was an indirect and not a direct result of the inoculation, and that any apparent relation between the two diseases is only apparent, not real. Next, the tracheas of a series of rabbits were opened and false membrane inserted. It was found that under these circumstances a severe trachitis was frequently produced, and was attended by an abundant formation of pseudo-membrane. Careful studies made of the false membrane of diphtheria and of this false membrane showed that the two were identical, both containing in abundance fibrin fibres, corpuscular elements, and various forms of micrococci. To determine whether other inflammations of the trachea than that caused by diphtheria or its membrane are accompan-

ied by the formation of false membrane, a number of experiments were made, and it was demonstrated that the production of false membrane has nothing specific in it, but that any trachitis of sufficient severity is accompanied by this product. Careful studies also showed that this false membrane does not differ in its constitution from that of true diphtheria, except it be that the micrococci are not so abundant in it. We always found some micrococci, and in some of these traumatic pseudo-membranes they were almost as numerous as in the diphtheritic exudation.

Last spring we resumed our investigations. Having heard that there was a very severe epidemic in Ludington, Michigan, Dr. Formad was despatched to examine cases and collect material. He found a small town situated upon the shore of Lake Michigan, in the centre of the lumber region, with inhabitants mostly engaged in the lumber-trade, and in managing very numerous large saw-mills. The town was all built upon high ground except the Third Ward. This occupied a low swamp which had been filled in largely with saw-dust. The soil was so moist that a hole dug in it would fill at once with water, and but a few houses had any attempts at cellars. It was in this district that the disease had prevailed. Almost all the children had had it, and one-third of them were said to have died. Dr. Formad examined a large number of cases, obtained a supply of diphtheritic membrane, and brought home pieces of the internal organs of a child upon whom he had made an autopsy. In every case the blood was found more or less full of micrococci, some free, others in zooglœa masses, others in the white blood corpuscles. The organs brought home also all contained micrococci, which were especially abundant in the kid-

neys, where they formed numerous thrombi, choking up and distending the blood-vessels. In the summer of 1880, we examined the blood of several cases of endemic Philadelphia diphtheria, and in no case found any new elements in it. But during the present summer we have found micrococci in the blood of Philadelphia diphtheritic patients, showing the differences in the disease are simply in degree, not in kind.

Experiments were now made with the Ludington material upon animals. Inoculations were practised under the skin, deep in the muscles, and in the trachea. In all cases the results were similar. A grayish exudation appeared at the seat of inoculation, along with much local inflammation, the animal sickened, and in the course of a few days death occurred. The local symptoms increased and widened. In some cases the false membrane spread from where the poison had been put in the trachea up to the mouth. The blood examined during life or after death was found to contain micrococci precisely similar to those found in the Ludington cases, and in a few instances micrococci were found in abundance in the internal organs. Studies made upon the blood of these animals, as well as upon the Ludington cases, show that the micrococci first attack the white blood-corpuscles, in which they move with a vibratile motion. Under their influence the corpuscles alter their appearances, losing their granulations. They finally become full of the micrococci, which now are quiescent and increase until the corpuscle bursts and the contents escape an irregular, transparent mass full of micrococci, and form the so-called zooglœa masses. In the diphtheritic membrane the micrococci exist frequently in balls, and it is plain that these collections are merely leucocytes full of

the plant. The bone-marrow of the animals was found full of leucocytes and cells containing micrococci.

The question now arose, is the disease produced by diphtheritic inoculation in the rabbit diphtheria? We concluded that it is, because the poison producing it is the same, the symptoms manifested during life are the same, and the post-mortem lesions are identical. The contagious character of the disease is retained, as we succeeded in passing it from rabbit to rabbit.

Our next series of experiments were directed to determining whether the micrococci are or are not the cause of the affection. The experiments of Curtis and Satterthwaite, of New York, have shown that the infectious character of diphtheria depends upon its solid particles; for when they filtered an infusion of the membrane it became less and less toxic in proportion as the filtration was more and more perfect, and when the infusion was filtered through clay, the filtrate was harmless.

The urine of patients suffering from malignant diphtheria is full of micrococci, and may contain no other solid material. Following the experiments of Letzerich, we filtered this urine and then dried the filter-paper. Upon experiment we found this even more deadly in its effects than is the membrane. The symptoms and lesions following in the rabbit inoculation with such paper are precisely those which would have ensued had a piece of diphtheritic kidney or membrane been employed. This experiment shows that the solid particles of the membrane, which are the essential poison of malignant diphtheria, are the micrococci, which must be either the poison itself or the carriers or producers of the poison.

Leaving for a while this point, I will next direct your attention to our

culture experiments. These were performed in the manner commended by Klein and that recommended by Sternberg. The first method seems to us the best for the purpose of studying the development of the micrococcus itself; the second, the best for the obtaining of it in quantity for experimentation.

We cultivated micrococci from the surface of ordinary sore throats, from furred tongue, from cases of mild diphtheria as we commonly see it in Philadelphia, and from Ludington cases. We found, in the first place, that there were no differences to be detected in the general or special appearance of the various micrococci, and no constant differences in size. We found that they all formed similar shapes in the culture-apparatus; they had this difference, however,—whilst the Ludington micrococci grew most rapidly and eagerly generation after generation up to the tenth, those from Philadelphia diphtheria ceased their growth in the fourth or fifth generation, whilst those taken from furred tongue never got beyond the third transplantation. Various culture-fluids were used, but the results were identical. We conclude, therefore, that as no difference is detectable between the micrococci found in ordinary sore throat and those of diphtheria, save only in their reproductive activity, they are the same organisms in different states. As the result of some hundreds of cultures, we believe that the vitality under artificial culture is in direct proportion to the malignancy of the case, from which the plant has been taken.

We next made a series of experiments of inoculating rabbits with cultivated micrococci, and succeeded in producing diphtheria with the second generation, but never with any later product. This success, taken in conjunction with the urine experiments

already spoken of, seems to us sufficient to establish the fact that the micrococci are the *fons et origo mali* of diphtheria. The experiments of Pasteur and others have proven that it is possible for an inert organism to be changed into one possessed of most virulent activity, or *vice versa*, and we believe we can offer direct proof that the micrococci of the mouth are really identical in species with the micrococci of diphtheria, and do not merely seem to be so. We exposed the Ludington membrane for some weeks to the air in a dried condition. There was no putridity or other change detectable in it; but, whereas formerly it had been most virulent, now it was inert, and its micrococci not only looked like those taken from an ordinary angina, but acted like them. They were not dead, they had still power of multiplication, but they no longer grew in the culture-fluid beyond the third or fourth generation. Certainly they were specifically the same as they had been, and certainly, therefore, the power of rapid growth in culture-fluids and in the body of the rabbit is not a specific character of the diphtheria micrococcus.

As is well known, Pasteur attributes the change from an active to an inert organism to the influence of the oxygen of the air upon the organism. Whether this be true of the diphtheria micrococcus is uncertain, but the effects of exposure of the dried membrane seem to point in such direction.

With the facts that are known in regard to the clinical history of diphtheria and those which we have determined in our research, it is easy to make out a theory of the disease which reconciles all existing differences of opinion and seems to be true.

A child gets a catarrhal angina or trachitis. Under the stimulation o

the inflammation products the inert micrococci in the mouth begin to grow; and, if the conditions be favorable, the sluggish plant may be finally transformed into an active organism, and a self-generated diphtheria results. It is plain that if this be correct there must be every grade of case between one which is fatal and one which is checked before it fairly passes the bounds of an ordinary sore throat. Every practitioner knows that such diversity does exist. Again, conditions outside of the body favoring the passage of inert into active micrococci may exist, and the air at last becomes well loaded with organisms, which, alighting upon the tender throats of children, may begin to grow and themselves produce violent angina, trachitis, and finally fatal diphtheria.

In the first instance we have endemic diphtheria as we see it in Philadelphia; in the second, the malignant epidemic form of the disease as it existed in Ludington. It is also apparent that in the endemic cases the plant whose activity has been developed within the patient may escape with the breath, and a second case of diphtheria be produced by contagion. It is also plain that as the plant gradually in such a case passes from the inert to the active state, there must be degrees of activity in the contagium, one case being more apt to give the disease than is another; also that the malignant diphtheria must be more contagious than the mild endemic cases. We think there is scarcely a practitioner who will not agree that clinical experience is in accord with these logical deductions from our experimentally-determined premises.

It yet remains for us to investigate as to what are the conditions outside of the body which will especially favor the production of active micro-

cocci, and also to study the effects of agents in killing these organisms; for it is very apparent that local treatment of the throat must often be of the utmost importance, and that it will be far more effective if it be of such character as to kill the micrococci, and not simply be antiphlogistic in its action.

CASE OF TORTICOLLIS CURED BY GALVANIZATION.—Dr. De Giovanni, says the *Deutsche Med. Wochenschrift*, reports the case of an unmarried woman of 27, without neuropathic antecedents, who, in 1878, following the death of her mother, fell into a condition of unconsciousness lasting for nine days, and accompanied by tremulous tonic spasm of the head and upper extremities. From that time she became more and more of an invalid, suffered with facial neuralgia, cardiopalmus, and also with a recurrence of the tremor of the head and arm by night. On the 14th of April, 1880, after unusual effort, the tremor suddenly came on with renewed severity, accompanied by a feeling of constriction in the throat, and followed by coma lasting eighteen hours; subsequently clonic convulsions and renewed coma lasting four days. On awakening after this last attack the head was found to be bent to the left and forward, restoration to its original position nearly or quite impossible. All the ordinary means of medication failed. Examination made on the 16th of June, 1880, showed contraction of the left sterno-cleido-mastoid and trapezius, while the homogeneous muscles of the opposite side felt smooth and soft. The employment of an extremely weak, scarcely perceptible, induction current, on the left side of the neck and the edge of the trapezius gave rise at once to clon-

ic forward movements of the head, which gradually removed the latter from its abnormal position. After the cessation of the induction current the deformity, by this time about half-remedied, showed no inclination to return. A similar current was now applied to the left sterno-cleido-mastoid, which produced like impulsive movements, gradually restoring the head to its normal condition. The sitting lasted only two minutes.

Giovanni sees in the result of this therapeutic procedure a striking confirmation of the transportation of motor energy from one side, where it was present in excess, to the opposite side, where a defect not only of motility, but also of muscular tonus, existed. The behavior of the contracted muscles, which lost their almost board-like hardness during faradization, while the muscles of the right side of the neck, seized with rapid clonic movements, gained volume and consistence to a decided degree, is also worthy of note. The recovery of normal condition as the result of treatment was very striking and complete; the left sterno-cleido-mastoid, however, seemed slightly more contracted than the right. The patient left the clinic entirely cured of the torticollis at the end of eight days.

ITEMS.

DIED.—C. T. Paul, M. D., New York, J. Youlin, M. D., Jersey City.

Dr. A. P. Bowman has removed from Ottumwa, Ia., to Ponca, Neb., and formed a partnership with Dr. Porter.

Dr. A. R. Barrett has removed to Orange, N. J., and gone into practice with Dr. Fowler Ormsbee.

Since the attention of the profession has been called to the remarkable virtues of Clysmic Water, by R. D. Ludlam, its use has become very general in all sections of the country.

A sample of *Rhamnus Frangula*, sold under the name of Buckthorn Cordial, by Scott & Bowne, chemists, New York city, is sent free to any physician asking for it, by addressing as above.

We have had considerable experience in the use of Phillips' Preparation of Wheat Phosphates and Liver Oil, and unhesitatingly recommend it as one of the best medicinal nutriment which we are acquainted.—Dr. _____, *Illustration in Medical-Chirurgical Quarterly*, for October 1881.

Dr. Talmy, an eminent surgeon of the French Navy, has gone to the coast of Senegal to make a study on the spot of the recent terrible outbreak of yellow fever. Dr. Talmy's direct object is to determine the application to this disease of M. Pasteur's new theory of specific inoculation as a preventive against epidemics.

UNQUESTIONABLE TESTIMONY.—Dr. Jno. Morris, Baltimore, Md., Dr. T. Hamilton Bush, New York city, Dr. J. J. Collins, Guilford, Ind., and Dr. Edward Alcorn, Hustonville, Ky., all physicians of the highest standing, write that they have tried Powell's Beef, Cod Liver Oil and Pepsin (the superior food tonic, nutritive and digestive), and recommend it highly.—*Clipping*.

So widely and favorably esteemed is Nestle's Milk Food, by most members of the medical profession, that it is only our desire to call it to the attention of those who have tried other preparations making similar claims, but which they have found do not fulfill expectations. This food is very different from any other, and full particulars of its uses and merits may be had by addressing Thos. Leeming & Co., 18 College place, New York.

Dr. James K. Collins, of Philadelphia, vaccinated a baby three weeks old with a bovine point obtained from an apothecary. On the fourth day the spot was red; on the tenth day a crust had formed, which fell off on the twenty-first day. Shortly afterwards he was called to see another member of the family: the child was perfectly well. On the same evening she was seized with opisthotonos; occasionally her jaws were tightly shut. She died at 5 o'clock the following morning with tetanus.

Errata.—By an error in the copy of Dr. Thomas' article on "The use of Disinfectants," published in the November number of this journal on page 287, *Zinc Sulphate*, is spoken of as one of the most powerful disinfectants known, when *Zinc Chloride* is evidently the substance referred to. The correction will be noted by the reader.

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